

County Borough of Great Yarmouth

R E P O R T

of

**The Medical Officer
of Health**

The Port Medical Officer

and

**The Principal School
Medical Officer**

for the Year

1973



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1973

FROM THE EVIDENCE OF AN ENQUIRY INTO THE SANITARY
CONDITION OF THE BOROUGH OF GREAT YARMOUTH
INSTITUTED BY THE CENTRAL BOARD OF HEALTH.

W. LEE Esq., Superintending Inspector.

1849

'DESCRIPTION OF THE BOROUGH.—Great Yarmouth is a seaport, borough, market town and parish, and Union of itself, having separate jurisdiction. It is locally situated in the east division of the hundred of Flegg, east division of Norfolk, 23 miles east by south from Norwich. Yarmouth contains about 30,000 inhabitants; and from its extensive and prosperous trade, and many other advantages and privileges, may be considered the most flourishing port on that part of the coast.

'It derives its name from its situation at the mouth of the river Yare, which here falls into the ocean. The Borough occupies ground originally covered by the sea, which, on its receding, left a bank of sand whereon a few fishermen settled, the first of whom, denominated Fuller, imparted his name to the higher portion, still called Fuller's Hill. As the bank increased in size and density the number of inhabitants increased also, and hence has gradually sprung up a large maritime population, with habits and modes of life which distinguished them remarkably from the inhabitants of a manufacturing or agricultural town, and which in many respects peculiarly affect their sanitary condition.

'In process of time the channel of the northern branch of the Yare, on which the first settlers fixed their habitations, became choked up with sand, and in 1040 they removed to the southern branch.

'The earliest record of the place is in Domesday Book, in which it is described as "the King's demesne, and having 70 burgesses". Its fishery, at an early period, attracting many residents, a charter was granted at the request of the inhabitants by Henry III., allowing them to inclose the borough on the land side with a wall and moat, the former of which was 2,240 yards in length, and had 16 towers and 10 gates. A great portion of the remains of the wall still exist. The corporation at present consists of a Mayor, High-Steward, Recorder, 12 Aldermen, and 36 Councillors, assisted by a Town-Clerk, Water-Bailiff, Gaoler, 3 Sergeants-at-Mace, and other officers. There are 26 Borough Magistrates.

'The Borough, which originally consisted of 1,460 acres, first sent members to Parliament in the reign of Edward I.'

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HEALTH COMMITTEE

1973 - 1974

The Mayor :

Alderman W. J. DAVY

Chairman :

Councillor Mrs. B. M. J. MILLS

Vice-Chairman :

Councillor Mrs. G. L. PEARSON

Members :

Alderman Mrs. K. M. ADLINGTON, M.B.E., J.P

Alderman J. P. WINTER

Councillor L. F. BUNNEWELL

Councillor T. R. EASTER

Councillor Mrs. I. E. HARRIS

Councillor Mrs. O. R. HARVEY

Councillor A. E. P. HOLLIS

Councillor G. J. HOLMES

Councillor R. H. T. PENNEY

Councillor E. SWIFT

Councillor R. G. WEBB

COUNTY BOROUGH OF GREAT YARMOUTH
STAFF OF THE HEALTH DEPARTMENT

1973

Medical Officer of Health

R. G. NEWBERRY, M.B., B.S., M.F.C.M., D.P.H.

Deputy Medical Officer of Health

W. STEWART, M.B.E., M.B., CH.B., M.F.C.M., D.P.H.

Senior Assistant Medical Officer of Health

MARGARET R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.
(to 4.11.73)

Assistant Medical Officers (Part-time)

G. St. J. A. STEWART, M.B., CH.B., D.A., D.OBST.R.C.O.G. (from 30.1.73)
S. A. J. WALKER, B.SC., M.B., CH.B. (from 29.11.73)

Senior Dental Officer

B. C. CLAY, L.D.S., R.C.S.

Assistant Dental Officer

HELGA BLAKE, L.D.S., R.C.S

Public Analyst (Part-time)

G. S. MEADOWS, M.CHEM.A., M.PH.A., F.R.I.C.

Chief Public Health Inspector

*†F. T. PORTER

Deputy Chief Public Health Inspector

*†R. COLEMAN

District Public Health Inspectors

*L. V. BAILEY

*T. L. ARMITT

*†F. A. SADLER

‡M. MATTHEWS

*Certificate of the Royal Sanitary Institute and
Sanitary Inspectors' Examination Joint Board.

†Certificate of the Royal Sanitary Institute for
Inspector of Meat and Other Foods.

‡Diploma Public Health Inspectors' Education
Board.

Pests Officer

R. AINSWORTH

Chiropodists

G. W. GILCHRIST, M.ch.S., S.R.ch. (full time)

A. SYMEOU, M.ch.S (part-time)

Ambulance Officer

B. ADAMS

Chief Clerk

A. G. SHOOBIDGE (to 30.9.73)

P. J. HARRISON (from 1.9.73)

Director of Nursing Service

MISS G. C. MOORE,

S.R.N., S.C.M., Q.N., H.V.CERT., P.H.NSG. ADMIN. CERT. (R.C.N.)

Nursing Officer (Midwifery)

MRS. W. DONALDSON, S.R.N., S.C.M.

Midwives

MISS B. D. AKROYD, S.R.N., S.C.M. (from 1.1.74)

MRS. B. BRYAN, S.R.N., S.C.M.

MISS M. S. CAREY, S.R.N., S.C.M.

MRS. M. E. CATON, S.E.N., S.C.M.

MISS R. J. GOWER, S.R.N., S.C.M.

MRS. W. GREEN, S.R.N., S.C.M.

MRS. J. K. MICKLETHWAITE, S.R.N., S.C.M.

MRS. E. PLANT, S.C.M.

Nursing Officer (Health Visiting)

MRS. B. I. EVERITT, S.R.N., S.C.M., M.T.D., H.V.CERT. (to 10.9.73)

MISS P. R. HAWES, S.R.N., S.C.M., H.V.CERT. (from 11.9.73)

Health Visitors

MRS. E. BEEBY, S.R.N., S.C.M., H.V.CERT. (from 1.8.73)

MRS. J. E. DENSON, S.R.N., S.C.M., H.V.CERT. (part-time)

MISS D. M. CHASE, S.R.N., S.C.M., H.V.CERT.

MISS P. R. HAWES, S.R.N., S.C.M., H.V.CERT. (from 1.8.73)

MRS. E. J. KNIGHTS, S.R.N., H.V.CERT. (from 17.9.73)

MRS. B. KRAAIJVELD, S.R.N., H.V.CERT. (part-time)

MISS A. C. READ, S.R.N., S.C.M., H.V.CERT. (to 13.7.73)

MISS D. K. WALTON, S.R.N., S.C.M., H.V.CERT.

MRS. I. C. WATSON, S.R.N., S.C.M., H.V.CERT.

Geriatric Health Visitors :

MRS. J. E. RICHARDSON, S.R.N., H.V.CERT.

MRS. J. M. RUSSELL, S.R.N., S.C.M., H.V.CERT. (to 17.6.73)

Tuberculosis Visitor (Part-time)

MRS. J. FERNANDEZ, S.R.N.

Nursing Officer (District Nursing)

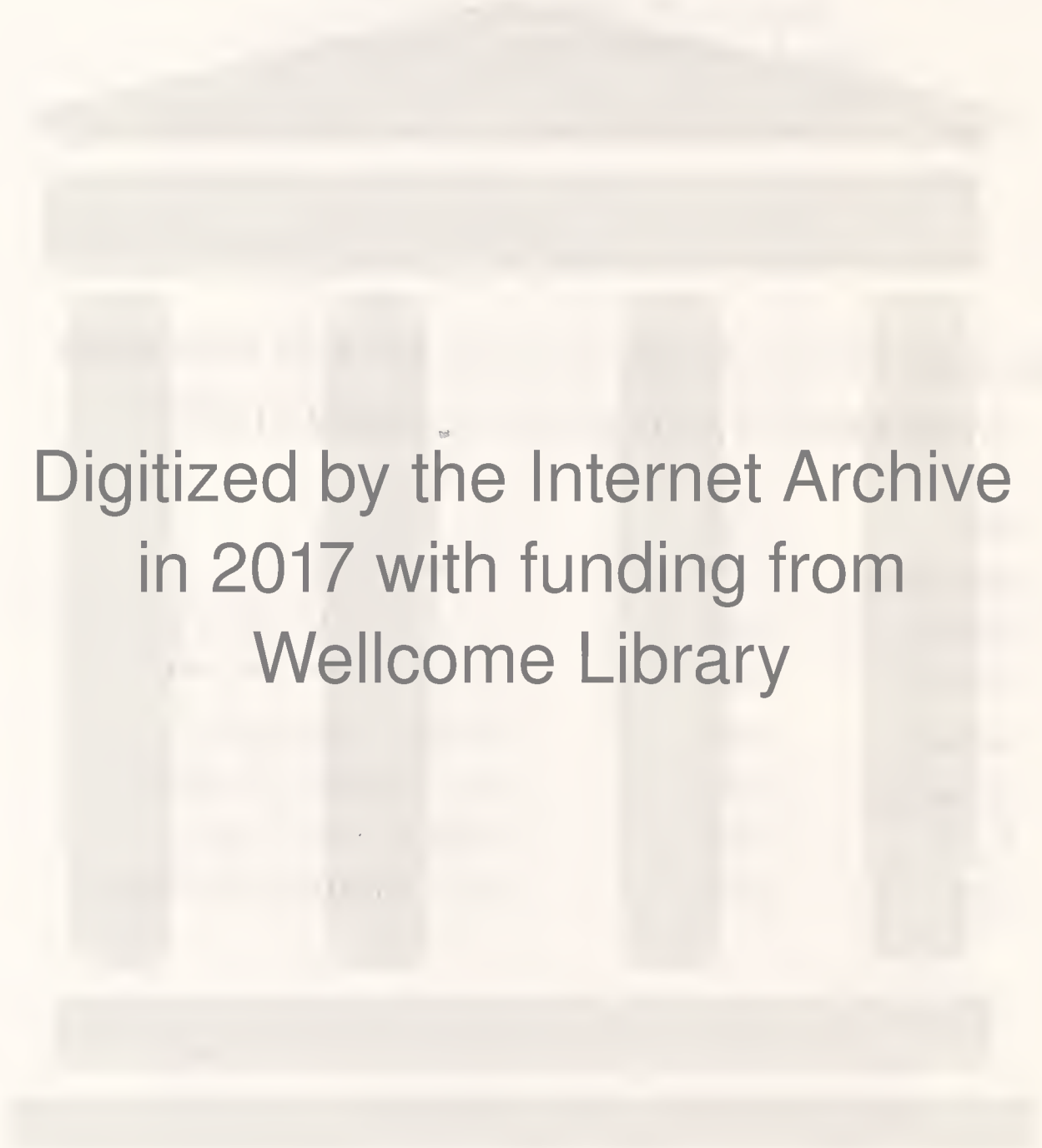
MRS. M. E. GARDINER, S.R.N., Q.N.

District Nurses

MRS. S. M. BAKER, S.R.N. (from 10.12.73)
MRS. B. BRADLEY, S.R.N. (from 31.12.73)
MRS. I. COOKE, S.R.N., Q.N.
MRS. D. DOUBLE, S.R.N., N.D.N.CERT.
MRS. K. ELLIS-SMITH, S.E.N.
MRS. J. HAYLETT, S.R.N.
MRS. S. HODGINS, S.E.N. (from 1.4.73)
MRS. A. W. JONES, S.R.N.
MRS. S. E. LEKERMANN, S.R.N., N.D.N.CERT.
MRS. R. MIDDLETON, S.R.N., N.D.N.CERT. (to 30.11.73)
MRS. E. M. PUGH, S.R.N., Q.N.
MRS. S. J. REED, S.R.N., N.D.N.CERT.
MRS. P. TOLL, S.R.N. (from 12.11.73)
MRS. J. TOWNSHEND, S.R.N., S.C.M. (from 1.4.73)

MEDICAL OFFICERS OF HEALTH OF THE BOROUGH
WITH MONTH AND YEAR OF APPOINTMENT

May	1875	John Bately
December	1899	Charles Russell
January	1904	Henry William Beach
January	1910	Andrew Norris Stevens
January	1940	Donald Wainwright
September	1946	Viner Nicholl Leyshon
April	1948	Kenneth John Grant
July	1968	Roger Garstang Newberry



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INTRODUCTION

Health Department,
Municipal Offices,
Hall Plain,
Great Yarmouth.

(Telephone : Great Yarmouth 3233).

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
COUNTY BOROUGH OF GREAT YARMOUTH

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the work of the department and on the health of the town for the year 1973.

This report may, in some respects, be considered a special one since it is the ninety-ninth and last Annual Report of the eighth and last Medical Officer of Health. The first Report was published for the year 1875 and I have, for purposes of comparison, had it reprinted in the following pages.

During the past 125 years there have been major legislative changes in Public Health which have had an impact on the Town. The first Public Health Act as such, was introduced in 1848 and the first Consolidated Act came into being in 1875. The latter remained in force until the second Consolidated Act of 1936 which is still in force.

Both the Act of 1848 and the Act of 1875 resulted in enquiries into the Sanitary Condition of the Borough and I have taken extracts from these enquiries and inserted them in relevant parts of this Report. I have also used parts of the Report for 1923 to indicate some of the changes which have taken place over the last fifty years.

It has been usual in the past to make general comments in the Introduction upon the state of the health of the population. On this last occasion I am content to allow the following pages to speak for themselves.

STAFF

There have been several changes of staff during the year, of whom two deserve special mention. The Department was saddened by the death in November of Dr. McClintock the Senior Medical Officer. Dr. McClintock joined the Department in 1951 and had, with but a short break, cared for the babies who attended the clinics for over twenty years.

Mr Shoobridge, the Chief Clerk, retired at the end of September. Mr Shoobridge commenced employment in the Town Hall in 1924 and had completed over 49 years of service in Local Government the last sixteen years having been spent in this Department.

ACKNOWLEDGEMENTS.

I would like to record my appreciation of the work carried out by all members of the staff of the department, and offer my personal thanks to the members of the Health Committee and to the Council for their continued support and encouragement.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant.

R. G. NEWBERRY.

Medical Officer of Health.

REPORT
on the
HEALTH OF THE BOROUGH
of
GREAT YARMOUTH

For the year 1875

by

JOHN BATELY,
L.R.C.P., Lond. M.R.C.S., L.S.A.
MEDICAL OFFICER OF HEALTH

*Printed by order of the Sanitary Authority
Great Yarmouth*

*Cooper and Sons, Steam Printers.
1876*

‘TO THE GREAT YARMOUTH URBAN SANITARY AUTHORITY

‘GENTLEMEN,

‘I beg to present you with my first Annual Report.

‘Its meagreness, which you cannot fail to recognise, is accounted for by Dr. HUBERT AIRY, of the Local Government Board, having recently visited Yarmouth, and so exhaustively reported upon its Sanitary condition, that no material is left me save certain dry statistics, which I will endeavour to make as interesting as they will allow. In doing so, I propose to direct your attention to the numbers of Births and Deaths registered within the Borough during 1875; to the increase of the population; to some particulars relative to the deaths due to Zymotic causes; and to a few suggestions for Sanitary improvements, which I submit for your consideration during the ensuing year.

POPULATION

‘I estimate the present population of the Borough to be 45,000. The Registrar General credits us with 47,123, including however in these figures, at least 2,000 souls not within the Borough, but living in Bradwell, Belton, Burgh, Fritton, and Hopton, which parishes, together with Gorleston and Southtown, form the Gorleston Registration Sub-district.

‘Dr. AIRY, in his report, gives 44,500 as the population last year. Believing 45,000 more nearly correct, I have adopted that figure and apportioned to each of the three districts numbers beneath their names in the table below.

BIRTHS AND DEATHS

‘During the year 1875, there were registered by the three Registrars within the Borough, 1,434 Births and 1,036 Deaths, thereby increasing the population by 398 souls.

‘The Birth Rate thus indicated is 31.8 per thousand, the Death Rate 23.02, and the rate of increase 8.7.

QUARTERLY RETURNS OF BIRTHS AND DEATHS

District :	Births						Deaths					
	Quarters ending in 1875						Quarters ending in 1875					
	31 Mar.	30 Jun.	30 Sep.	31 Dec.	Total	per 1,000	31 Mar.	30 Jun.	30 Sep.	31 Dec.	Total	per 1,000
Northern Est. pop. 20,500	146	166	164	144	620	30.24	159	97	141	137	534	26.04
Southern Est. pop. 16,500	133	127	136	134	530	32.12	105	70	118	74	367	22.24
Gorleston & Southtown Est. pop. 8,000	72	76	72	64	284	35.5	22	36	42	35	135	16.8

The rate of increase in each of the three Districts stands thus:— In the Northern 4.2 per 1,000, in the Southern 9.8, and in Gorleston and Southtown 18.7.

The heavy Death rate in the Northern District includes 63 deaths at the Workhouse and 16 inquests. That in the Southern is burdened with 9 deaths at the Public Hospital, 20 inquests, and 36 deaths at the Naval Asylum, which latter do not rightly belong to the Town, but are of men belonging to the Royal Navy. In Gorleston there were 6 inquests.

ZYMOTIC DEATHS

The class of diseases which Sanitary efforts strive to eradicate is the Zymotic.

Many other diseases are modified by good healthy arrangements, but Fevers more especially are prevented or restricted in their spread by Sanitary work. Success in this work has not been so evident as one could have wished, but undoubtedly had no work at all been done, a much larger mortality from Zymotic causes would have been recorded.

The year opened with an epidemic of SCARLET FEVER in the Town, and ended it similarly, although for the long interval of six months, not a death from this Disease was registered in the whole Borough.

Ten deaths from Scarlet Fever occurred during January, February and March. No others happened until the 3rd of September, from which date to the 31st December thirty one deaths were caused by this disease, making in all 41 deaths during the year.

The period of apparent freedom during the Spring and Summer months was somewhat delusive, for although no deaths occurred, the sickness from Scarlet Fever continued. Several Medical men informed me during that time, of Scarlet Fever illnesses among residents, as well as visitors. Many of the cases among residents evidently derived their infection from the previous winter epidemic, because they occurred before the visitors arrived, and were located in business portions of the Town, where visitors are not received as lodgers. But many more probably obtained it from the visitors, for I am assured several brought the fever with them in its early or later stages. Those just falling ill with the disease, having contracted it immediately before leaving home, came under the care of one or other of our Yarmouth Medical men, who, I am happy to state, took every precaution to arrest its spread; but many convalescent scarlet fever patients come to the sea-side in their most infectious condition, viz., when recovering from the fever. Patients getting well of scarlet fever are, on account of the "dust" or "peeling" from their skins, far more dangerous than those in whom the fever is just making its appearance.

In order to prevent the importation of infectious disease, all lodging houses should be registered, placed under direct sanitary supervision, and the occupiers required to give immediate notice to the Medical Officer of Health of the occurrence of Fever in their houses.

One of the most powerful means by which the infection was disseminated, was by the incautious collecting in schools of children from infected homes, with those not so afflicted.

Other vehicles of communicating Scarlet Fever were found to be persons engaged in trade; for instance, millers, milkmen, grocers, laundresses, drapers, tailors, dressmakers, pawnbrokers, and others.

Every house infected with Fever was visited by one or other of the Inspectors of Nuisances, and disinfection was rigorously enforced.

Of the 41 deaths, the year's total of Scarlet Fever, 25 deaths occurred in the Northern District, 15 in the Southern, and one in Southtown.

Throughout the year *DIARRHŒA* was prevalent in the town, killing in the aggregate 118 persons. The number of deaths resulting from this disease during the four quarters of the year, in each of the three registration districts, are as under:—

	North District	South District	Gorles. District	Total
1st Quarter	2	0	0	2
2nd ditto	10	4	0	14
3rd ditto	45	36	5	86
4th ditto	10	5	1	16
	67	45	6	118

The large number of *Diarrhœa* deaths in the third quarter, induced the Registrar General to make the following observations in his report. "The death rate from this disease was 3.0 in Brighton and Hove (against 2.5 in London), whereas it was 7.3 in Yarmouth. The population of Brighton and Hove is estimated at 111,089, while that of Yarmouth is but 47,123. Sanitary condition being equal, the death rate from *Diarrhœa* should therefore be higher in Brighton than in Yarmouth, on account of the larger aggregation of population. Heat moreover being the only known controlling element of *diarrhœal* fatality, this fatality should be higher in a South Coast than in an East Coast watering place. What other cause than essentially unfavourable sanitary conditions in Yarmouth can account for its death rate from *Diarrhœa* being 7.3 per 1,000 last summer, and 4.3 per 1,000 higher than in Brighton.

What is the treatment and food of infants in the *Diarrhœa*-stricken towns? Is the fatal disease traceable to any Zymotic poison in the dwellings, or in the waters?"

Of the 118 deaths, at least 100 were of infants of one year and under, and 11 were of aged persons above 60.

Undoubtedly, the Registrar General is correct in suggesting the faulty nurturing of these infants as contributing to their deaths. In many instances their homes were dirty, dark and overcrowded, and alike offensive to sight and smell; besides which many were fed through unwholesome feeding bottles, with bad milk, mixed with water little better than sewage. Bad milk will of itself produce *Diarrhœa*, and much more so when mixed with some of the natural water of Yarmouth.

Several samples of milk have been analysed recently, and I here give the results. On May 3rd, 1874, Mr. F. A. Wanklyn, of London, found 30 and 35 per cent of water respectively in two samples of milk sent him from Yarmouth. On June 22nd, 1874, Mr. F. Sutton, of Norwich, certified that a sample of milk then submitted to him, contained 20 per cent of water; again on November 28th, 1874, the same gentleman examined some milk which had been supplied to a Public Institution in Yarmouth, for the use of its inmates, and stated that it contained about 30 per cent of water, and was "deficient in nutritious matters, especially for children or invalids". Also on May 24th, 1875, Mr. Sutton found 10 to 12 per cent of water in six

samples of milk, and 20 per cent of water in two other samples, all of which were obtained from Dairymen in Yarmouth and Gorleston. It is evident that liquid of such a character as the milks mentioned, cannot afford a food sufficiently nutritious for healthy infant life.

An intensely hot summer will unquestionably increase the Diarrhœa deaths, but this cause had very limited operation last year. Comparisons of the two previous years with last summer will render this evident.

1873, Mean Temperature 60.3, Diarrhœa Death Rate 6.5

1874, Mean Temperature 60.9, Diarrhœa Death Rate 2.1

1875, Mean Temperature 60.7, Diarrhœa Death Rate 7.3

It will be noticed that with a somewhat lower temperature last year, we had an increase in the Diarrhœa Death Rate of 5.2 per 1000 upon that of 1874.

Twenty deaths resulted from TYPHOID FEVER of which one was in February, 1 in March, 2 in May, 1 in June, 3 in August, 4 in September, 6 in October, 1 in November, and 1 in December.

Many more deaths would in all probability have occurred, had it not been noticed that the Fever followed the track of a milkman, who had just recovered from Typhoid, and in whose neighbourhood, two Typhoid deaths had then recently occurred. Upon analysis, the water he made use of, was found to be contaminated with sewage, and quite unfit for drinking purposes. The immediate closing of this unwholesome well was ordered.

The table below contains the results of analyses of water from Yarmouth wells.

Typhoid Fever has hovered over the localities from which samples, No. 1, 2 and 3 were obtained.

	Parts per 100,000			
	(No. 1)	(No. 2)	(No. 3)	(No. 4)
Free Ammonia	0.035	0.008	0.320	0.040
Albuminoid Ammonia	0.017	0.018	0.016	0.012
Chlorine	10.20	109.5	53.40	4.710
Nitrates	Large	Large	Large	Moderate
Total solid matters		404.6	184.0	
Natural Hardness		33.6	32.4	

Many more analyses have been made, and the results are so similar, that the above may be taken as a fair sample of the natural waters of Yarmouth.

During my visitation of the Typhoid haunts, I noticed the water spouts on many of the houses, connected with the public sewer, without any trap to hinder the sewer gas ascending, and thus finding ready access, beneath the tiles and through open windows to the interior of the dwellings.

Very few of the soil pipes from the water closets are ventilated; they generally connect direct with the sewer and the only impediment to the free ingress of sewer gas is the thin stratum of water in the pan or trap. The pressure of sewer gas frequently overcomes this slight resistance, and fills the house with its poisonous vapour. A small 2 inch pipe let into the

angle of the soil pipe, and carried 2 or 3 feet above the roof, would I believe allow of the free escape of sewer gas and prevent it finding its way into houses.

Several cases of Typhoid occurred in houses recently erected upon newly made ground, the unhealthy emanations from which were contributory causes of the disease. I would recommend that where houses must be built upon such ground, precautionary measures should be taken, such as covering the site with a thick coating of new lime, concrete, or asphalt, and setting the building up a sufficient height from the ground, so as to allow free circulation of air beneath the lower floors through ventilating bricks in the walls, &c.

Of the remaining deaths from Zymotic causes, WHOOPING COUGH is credited with 20; of these, 11 occurred in the first quarter, 2 in the second, 4 in the third, and 3 in the fourth.

DIPHTHERIA caused 4 deaths, CONTINUED FEVER 3, TYPHUS FEVER 1, and CHOLERAIC DIARRHŒA 1.

The total number of Zymotic Deaths was 208, and the Zymotic Death Rate was 4.6 per 1000, for the whole year.

In passing to the last portion of my report, I may briefly mention, that during the last twelvemonth, the Sanitary Authority completed the Southtown Main Sewer, made a New Cemetery, and sewered and channelled Upper Cliff, Lower Cliff, Bell's, Nelson, Manby, and Alpha Roads, besides doing many works of lesser importance. Several hundred nuisances were abated by your Sanitary Officers; 180 were by legal action taken at your instance, by the Town Clerk, these included 33 notices to drain, 25 notices to provide pure water supply, and many for the removal of filth, &c.

I understand the Water Company is now supplying 4407 houses, to 294 of which the water was laid on last year.

The works now in progress, are the fixing of numerous ventilators to the Southern Sewer, the building of a permanent Infectious Diseases Hospital, a mortuary, and disinfecting chamber; the extension of the operations of the public nightmen to all parts of the Borough, and the daily removal of night soil, by barge, up the river.

SANITARY SUGGESTIONS

The sanitary improvements, I beg to submit for your consideration are:

The supervision of the lodging houses.

The abatement of the slaughter house nuisance, and the erection of a properly appointed public abattoir.

Reformation in the Privy system. In the old parts of the town, where water closets cannot be conveniently introduced, the dilapidated privies should be reconstructed; their pits being paved with glazed earthenware, or stone, and their sides well plastered with cement, so as to make them impervious to moisture. Or the pail system might be adopted.

More public dust bins should be provided.

Many dilapidated dwellings in the rows, and other crowded parts of the Town, ought to be pulled down, their present rotten condition making them thoroughly unhealthy.

Additional ventilators to the northern sewer are needed.

The efficient sewerage and draining of the Pier Marsh locality, and the complete extinction of the stagnant ditches there.

I beg to take this opportunity of thanking you for the courtesy, kindness, and support extended to me in the performance of my duties during the past year, and of acknowledging the willing and valuable aid which I have received from the officers generally.

I have the honor to remain,

Your obedient Servant,

JOHN BATELY,

Medical Officer of Health.

STATISTICS

Population—Census 1971	...	...	...	50,140
Population 1973 (estimated, mid-year)	...	...	...	49,777
Area of the Borough including all inland waters (acres)	...	...	...	4,533
Area of land not covered by water (acres)	...	...	...	3,680
No. of persons per acre	...	...	...	13.3
Rateable value (1st April 1973)	...	...	...	£6,714,392
Product of a penny rate 1973-74	...	...	...	£65,810

* * *

Live Births.

Legitimate : 550 Illegitimate : 78 Total : 628

Crude live birth rate per 1,000 population	...	...	12.62
Illegitimate live births per cent of total live births	...	...	12.42

Stillbirths :—

Number	...	...	...	9
Rate per 1,000 total live and stillbirths	...	...	...	14.13
Total live and stillbirths	...	...	...	637
Infant death (deaths under 1 year)	...	...	...	11

Infant mortality rates :—

Total infant deaths per 1,000 total live births	...	...	17.51
Legitimate infant deaths per 1,000 legitimate live births	...	...	18.18
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	12.82
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	17.52
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	17.52
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	...	...	31.39

Maternal mortality (including abortion) :—

Number of deaths	...	...	...	Nil
Rate per 1,000 total live and still births	...	...	...	Nil

* * *

Deaths :—

Males : 364 Females : 370 Total : 734

Crude death rate per 1,000 population	14.74
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THE COMMUNITY HEALTH SERVICES

METEOROLOGY

The early months of the year were predictable with very cold weather and snow flurries in February. April was notable for high winds which caused considerable storm damage in the early part of the month followed by a wet period when Great Yarmouth was twice shown as having the highest rainfall of those towns listed in the Registrar General's Weekly Return. The summer months of June, July and August are best remembered for the high number of sunshine hours recorded and, apart from a very wet week in July, the good weather continued until late September. The year finished on a cold note with snow towards the end of November followed by a dull and misty December.

The following table is based on statistics included in the Registrar General's Weekly Returns for England and Wales, and gives particulars of weather observed at the Gorleston Meteorological Station. No readings were taken during January or February.

Month	Temperature of the Air				Rainfall in Milli- metres	Sunshine	
	Highest	Lowest	Mean Maxi- mum	Mean Mini- mum		Mean Daily	Mean length of day
	°C	°C	°C	°C		hours	hours
January	—	—	—	—	—	—	—
February	—	—	—	—	—	—	—
March	14.0	0.6	9.9	3.77	3	4.76	11.76
April	13.5	0.4	9.77	4.17	65	4.71	13.85
May	17.9	4.1	13.35	7.85	78	6.21	15.57
June	24.0	6.2	17.64	11.34	62	9.20	16.6
July	23.0	7.2	18.65	12.92	107	5.79	16.27
August	22.3	10.2	19.25	14.3	19	7.24	14.9
September	21.8	7.3	16.06	11.06	66	5.37	12.3
October	17.0	1.2	12.57	8.32	57	3.44	11.05
November	14.4	- 2.5	9.8	4.9	11	3.35	8.9
December	11.5	- 3.8	5.55	2.06	36	2.01	7.7

POPULATION

The estimated mid-year population was 49,777 and the small natural decrease thus continued within the present Borough boundary. The number of deaths exceeded the number of births by one hundred and five.

MARRIAGES

A total of 529 marriages were registered during the year. This was 9 less than last year.

BIRTHS

LIVE BIRTHS.

There were 628 births registered during the year giving a crude rate of 12.62 per 1,000 population. Five hundred and fifty were legitimate births the remaining 78 being illegitimate. This latter figure is 20 less than last year, a twenty per cent reduction.

STILLBIRTHS.

The number of stillbirths was 9, giving a rate of 14.13 per 1,000 live and stillbirths. This is a slight improvement upon last year's figures and is close to the national rate.

DOMICILIARY BIRTHS.

Only sixty – representing 9.5% of the total births – occurred in the home. There is now a complete reversal of the former situation in Great Yarmouth when we used to record the highest domiciliary rate in England.

MORTALITY

FROM THE REPORT OF 1849:

'DISEASE AND MORTALITY.—The position which Great Yarmouth occupies with reference to the sea and the winds, whether easterly or westerly, is a great natural advantage. Lying north and south on a narrow site, with its broadside parallel to the beach, the westerly winds carry the contaminated atmosphere quickly out to sea, while the easterly breezes come directly fresh and pure from the ocean, — there are, perhaps, few places capable of being more healthy than Yarmouth; but it is a great mistake to say, because there are now more unhealthy places, that therefore sanitary improvements are not required.

'One of the results of the natural advantages of Yarmouth as to position and winds is, that there is very little endemic disease; but, to balance this, when once the site of the town has become infected by an epidemic disease, its low flat surface, and the close manner in which the old town is built up, greatly aggravate its malignity. There are, of course, other causes of the great mortality which has always fallen upon the inhabitants from epidemics; but I mention these two, because they are evils which can only be remedied by general purification of the town, and, consequently, of its atmosphere.

'From a work edited by Charles John Palmer, Esq., F.S.A., and printed from a manuscript of the elder Manship, written in the time of Queen Elizabeth, I find at page 17:—

"Yt also appeareth that in a^o 1348, there dyed of a great plague within the towne of Greate Yarmouth, the number of seven thousand persons and more."

'Again, at page 27, he says :—

"Aboute the ende of the reigne of the said Queen Marye, a° 1558, there was a greate plague and mortalitye in this towne. And so the like was in a° Dni 1534, before that. And also another plague followed in anno Dni 1578."

'At this visitation in 1578 or 1579 not less than 2,000 perished, and in 1664 more than 2,500 fell victims. In more recent times Yarmouth has been ravaged by every epidemic except the Irish fever. In 1832 a great number of persons died of cholera; and during the last year the official returns of the cases and deaths could have no other effect but that of misleading the General Board of Health and the country as to the sanitary condition of the Borough.

'The Rev. Mr. Blanchard, one of the curates, informs us that he recently went through the burial registers for the purpose of ascertaining the average duration of life in Yarmouth for the three preceding years; and, taking infants to be 1 year old, he found such average to be 39 years. The allowance made for the age of infants is probably too high, perhaps by a half.

'The annual mortality in Yarmouth for the last 10 years (taking the population to amount to 27,060, which is believed at this time to be somewhat under the mark, while it was undoubtedly above the mark a few years ago,) is a trifle above 1 in 54½.

'There is a small cemetery in Yarmouth, regarding which we are unable to furnish any particulars. Our information, as will be expected, is entirely confined to the parish church and churchyard, and is derived from the burials there.

CHARLES S. D. STEWARD,
FRANCIS WORSHIP, Churchwardens.

Great Yarmouth, Nov. 7, 1849.'

'In 1841 the deaths in Great Yarmouth were 1 in 49, but in 1848 the proportion was 1 in 44. In 1841 the average age at death of all persons above 20 years was 58½ years; in 1848, the average had fallen to 54½ years. In 1841 the mortality to 1,000 of the population was 20½, but in 1848 it had risen to 22 4/10ths. These are facts requiring the most serious consideration of the Town Council, and of the inhabitants generally.'

'In No. 4 Burial ground the churchwardens pointed out to me 120 graves of persons who had died, during the three months preceding my visit, of cholera.

'I have only one remark to make upon this excellent report of the churchwardens. In their paper No. 2, under the head "Miscellaneous", there is an attempt to ascertain the average duration of life and the rate of mortality in Great Yarmouth, from the burial registers. Now as such registers are not kept for statistical purposes, the deductions and calculations from them are always liable to error, and cannot at the best be more than an approximation to the truth. In this case, "infants" have been assumed to be one year old at death, whereas in 1841, when the census was taken, and the population accurately determined, no less than 22½ per cent. of all born in Yarmouth died under a year old. The registers kept by the Superintendent-Registrar are the only safe and proper sources of information on this important topic.'

FROM THE 1923 REPORT — AGES AT DEATH:

'Of the total number of deaths 12.8% occurred in infancy (0-5); 2.9% during school life (5-15); 35.4% during working life (15-65); and the remaining 48.7% in old age (over 65). Of these 28.7% occurred over the age of 75 years.'

The table below shows the numbers and percentages of deaths which occurred during 1973:—

Sex Incidence and Percentage of Deaths in Age Groups				
	Males	Females	Total	% of total
Under 1 year	6	5	11	1.49
1 and under 5	—	1	1	0.14
5 and under 15	1	—	1	0.14
15 and under 25	2	—	2	0.27
25 and under 35	2	2	4	0.54
35 and under 45	3	3	6	0.82
45 and under 55	17	12	29	3.95
55 and under 65	54	31	85	11.54
65 and under 75	130	77	207	28.20
75 and over	149	239	388	52.86
Total 1973	364	370	734	

These figures show that the largest percentage of deaths — 81% — occurred in the age group of 65 years and over. Twenty five years ago the corresponding figure was 65% and in 1848, the year of the first major Public Health Act, the corresponding figure was approximately 27%. These statistics when read in conjunction with the preceding paragraphs illustrate very clearly the considerable improvement in the chances of achieving longevity which has occurred over the years.

The number of deaths was similar to last year — 734 against 748 and the major causes of death remained the same. Vascular lesions of the central nervous system, heart disease, cancer and pneumonia predominated and accounted for 96.9% of all deaths over the age of 45 years. The table attached shews the breakdown in detail. Since these diseases are generally associated with the ageing process, it is not surprising to find that the peak is reached in the 75-79 year group. The table also demonstrates the sex differences in both incidence and peak mortality.

	Cerebro-vascular accidents		Coronary thrombosis		Other heart disorders		Cancer of the lung		Other cancers		Pneumonia		Total
	F	M	F	M	F	M	F	M	F	M	F	M	
45-49	1	—	1	—	—	—	1	—	3	2	1	—	9
50-54	—	1	3	8	—	1	—	—	2	1	—	1	17
55-59	—	—	1	5	1	4	—	3	3	3	—	2	22
60-64	4	4	3	13	3	4	4	6	5	3	6	5	60
65-69	4	9	7	21	5	12	—	7	10	3	12	9	99
70-74	8	8	9	13	7	16	—	6	4	7	12	10	100
75-79	7	9	10	7	15	13	—	9	7	9	19	20	125
80-84	16	6	6	5	13	15	—	—	8	1	17	12	99
85-89	13	3	9	3	18	14	—	—	3	1	18	4	86
90-94	10	3	3	1	15	5	—	—	5	—	12	5	59
95-99	1	—	—	—	5	—	—	—	—	—	2	2	10
100	—	—	—	—	—	—	—	—	—	—	1	—	1
Total	64 (17.8)	43 (12.3)	52 (14.5)	76 (21.7)	82 (22.8)	84 (24.0)	5 (1.4)	31 (8.8)	50 (13.9)	30 (8.6)	100 (27.8)	70 (20.0)	687 (96.9)
	107 (15.1)		128 (18.0)		166 (23.4)		36 (5.1)		80 (11.3)		170 (23.9)		

Figures in brackets are percentages of all deaths over 45 years.

FROM THE 1923 REPORT:

'INFANT MORTALITY. Sixty-five children died before reaching the age of twelve months, giving an infantile death-rate of 59 per 1,000 births registered, being 33.4 below the decennial average. The Infant Mortality rate is the lowest on record.'

In 1973 there were eleven infant deaths, the decennial average being 13.6. All the eleven deaths occurred during the first week of life and are thus classified under the heading of Neonatal Mortality.

VITAL STATISTICS
GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS			DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY		STILLBIRTHS				PERINATAL MORTALITY		
		Number	Rate per 1,000 population		Number	Rate per 1,000 population		Number	Rate per 1,000 live births		Number	Rate per 1,000 live births		Number	Rate per 1,000 total live and stillbirths		Number	Rate per 1,000 total live and stillbirths	
		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales	
1931†	56,769	844	14.8	15.8	742	10.9	12.3	49	58.1	66	19	22.5	30.3	31	35.4	41	No figures available		
1946	43,370	1,048	24.2*	19.2	634	14.6*	11.5	30	28.6	42.9	13	12.4	24.5	43	39.4	27.2	51	46.7	44.3
1947	47,410	1,078	22.7*	20.5	631	13.3*	12.3	35	32.5	41.4	20	18.6	22.7	32	28.8	24.1	50	45.0	40.3
1948	50,140	951	19.0*	17.8	630	12.6*	10.8	31	32.6	33.9	12	12.6	19.7	22	22.6	23.2	34	35.0	38.5
1949	50,460	813	16.1*	16.7	644	11.5	11.7	28	34.4	32.4	20	24.6	19.3	24	28.7	22.7	41	49.0	38.0
1950	51,310	771	15.2	15.8	641	11.1	11.6	22	28.5	29.6	11	14.3	18.5	27	33.8	22.6	39	49.0	37.4
1951†	51,105	729	14.4	15.4	767	13.4	12.5	22	30.2	29.7	14	19.2	18.8	15	20.2	23.1	27	36.3	38.2
1952	50,900	739	14.7	15.3	629	11.0	11.3	12	16.2	27.6	11	14.9	18.3	18	23.8	22.7	27	35.7	37.5
1953	51,300	715	14.1	15.4	669	11.6	11.4	15	21.0	26.8	9	12.6	17.7	18	24.6	22.5	27	36.8	36.9
1954	51,550	782	15.6	15.2	638	10.8	11.3	21	26.9	25.5	12	15.4	17.7	14	17.6	24.0	23	31.4	38.1
1955	51,600	696	13.9	15.0	678	11.4	11.7	23	33.1	24.9	15	21.6	17.3	14	19.7	23.2	28	39.4	37.4
1956	51,500	738	14.8	15.6	656	11.9	11.7	17	23.0	23.8	14	19.0	16.8	21	27.7	22.9	32	44.8	36.7
1957	51,500	746	14.8	16.1	657	11.9	11.5	16	21.5	23.1	10	13.4	16.5	16	21.0	22.5	25	32.8	36.2
1958	51,400	704	13.9	16.4	660	11.5	11.7	13	18.4	22.5	11	15.6	16.2	17	23.5	21.5	25	34.7	35.0
1959	51,300	740	14.7	16.4	722	12.6	11.6	12	16.2	22.2	7	9.4	15.9	15	19.8	20.8	21	27.8	34.1
1960	51,500	769	15.2	17.1	682	11.6	11.5	13	16.9	21.8	8	10.4	15.5	14	17.8	19.8	21	26.8	32.8
1961†	52,970	766	14.3	17.5	697	11.5	11.9	13	16.9	21.4	9	11.7	15.3	17	21.7	19.0	24	30.6	32.0
1962	52,450	799	15.5	17.9	658	10.5	11.9	12	15.0	21.7	12	15.0	15.1	13	16.0	18.1	25	30.8	30.8
1963	52,670	815	16.7	18.1	811	12.9	12.2	17	20.8	21.1	10	12.3	14.3	12	14.5	17.2	21	25.4	29.3
1964	52,720	789	16.2	18.4	698	11.1	11.3	18	22.8	19.9	11	13.9	13.8	15	18.6	16.3	23	28.6	28.2
1965	52,700	814	16.7	18.1	752	11.1	11.5	17	20.9	19.0	13	16.0	13.0	8	9.7	15.8	20	24.3	26.9
1966	52,420	710	14.6	17.7	724	11.2	11.7	20	28.2	19.0	15	21.1	12.9	16	22.0	15.4	29	39.9	26.3
1967	51,910	775	16.1	17.2	686	10.6	11.2	11	14.2	18.3	8	10.3	12.5	14	17.7	14.8	21	26.6	25.4
1968	51,290	713	15.0	16.9	764	11.6	11.9	15	21.0	18.3	9	12.6	12.4	9	12.5	14.3	18	24.9	24.7
1969	50,760	738	15.7	16.3	773	11.7	11.9	12	16.0	18.0	7	9.0	12.0	5	7.0	13.0	11	15.0	23.0
1970	50,180	632	13.6	16.0	742	11.5	11.7	11	17.0	18.0	9	14.0	12.0	3	5.0	13.0	11	17.0	23.0
1971†	49,920	665	14.4	16.0	745	11.6	11.6	14	21.0	18.0	11	17.0	12.0	3	4.0	12.0	13	19.0	22.0
1972	49,830	650	15.0	14.8	748	11.1	12.1	7	11.0	17.0	4	6.0	12.0	11	17.0	12.0	14	21.0	22.0
1973	49,410	640	13.0	13.7	785	11.9	12.0	14	22.0	17.0	11	17.0	11.0	9	14.0	12.0	20	31.0	21.0

* Crude rate.

† Census Years.

Cause of death	Age Groups													Total 1973
	Males	Females	Under 4 weeks	4 wks. & under 1 yr	1 - 4 years	5 - 14 years	15 - 24 years	25 - 34 years	35 - 44 years	45 - 54 years	55 - 64 years	65 - 74 years	75 + years	
Enteritis and other diarrhoeal diseases	—	1	—	1	—	—	—	—	—	—	—	—	—	1
Malignant Neoplasm Intestine ...	10	9	—	—	—	—	—	—	—	1	5	5	8	19
Multiple sclerosis ...	—	1	—	—	—	—	—	—	—	1	—	—	—	1
Benign and unspecified neoplasms	—	2	—	—	—	—	—	—	—	—	1	1	—	2
Malignant Neoplasm Larynx	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Malignant Neoplasm Buccal Cavity ...	1	—	—	—	—	—	—	—	—	—	—	1	—	1
Malignant neoplasm—stomach	7	6	—	—	—	—	—	—	—	—	3	5	5	13
Malignant neoplasm—Lung, bronchus	47	7	—	—	—	1	—	—	1	2	21	19	10	54
Malignant neoplasm—breast	—	14	—	—	—	—	—	1	1	2	—	5	5	14
Malignant neoplasm—uterus	—	7	—	—	—	—	—	—	—	—	1	3	3	7
Leukaemia ...	—	2	—	—	—	—	—	—	—	—	—	—	2	2
Other malignant neoplasms, etc.	13	26	—	—	1	—	—	1	1	6	5	10	15	39
Malignant Neoplasm Prostate	2	—	—	—	—	—	—	—	—	—	—	1	1	2
Diabetes Mellitus ...	4	4	—	—	—	—	—	—	—	—	—	3	5	8
Intestinal obstruction and hernia	2	2	—	—	—	—	—	—	—	—	—	2	2	4
Malignant neoplasm—Oesophagus	2	2	—	—	—	—	—	—	—	—	1	1	2	4
Other diseases of nervous system, etc.	4	2	—	—	—	—	1	—	—	1	1	—	3	6
Chronic rheumatic heart disease	4	4	—	—	—	—	—	—	—	1	1	4	2	8
Hypertensive disease	11	4	—	—	—	—	—	—	—	—	3	4	8	15
Ischaemic heart disease	112	79	—	—	—	—	—	1	2	11	27	56	94	191
Other forms of heart disease	7	30	—	—	—	—	—	—	1	—	3	5	28	37
Cerebrovascular disease	41	79	—	—	—	—	—	—	1	2	11	29	77	120
Other diseases of circulatory system	13	33	—	—	—	—	—	—	1	—	3	12	30	46
Influenza ...	3	1	—	—	—	—	—	—	—	—	—	—	4	4
Pneumonia ...	28	34	—	—	—	—	—	1	—	1	2	14	44	62
Bronchitis and emphysema	34	11	—	—	—	—	—	—	—	3	4	22	16	45
Anaemias ...	2	1	—	—	—	—	—	—	—	—	1	1	1	3
Other diseases of respiratory system	3	1	—	—	—	—	—	—	—	—	—	2	2	4
Peptic ulcer ...	3	2	—	—	—	—	—	—	—	—	—	1	4	5
Mental disorders ...	1	1	—	—	—	—	—	—	—	1	1	—	—	2
Other diseases of digestive system	4	4	—	—	—	—	—	—	—	1	—	—	6	8
Nephritis and nephrosis	1	1	—	—	—	—	—	—	—	—	—	—	2	2
Other diseases, genito-urinary system	4	—	—	—	—	—	—	—	—	—	1	1	2	4
Cirrhosis of liver	3	1	—	—	—	—	—	—	—	—	2	1	1	4
Congenital anomalies	3	2	2	2	—	1	—	—	—	—	—	—	—	5
Other causes of perinatal mortality	2	3	5	—	—	—	—	—	—	—	—	—	—	5
Other ill-defined conditions	4	1	—	—	—	—	—	—	—	—	—	—	5	5
Motor vehicle accidents	3	5	—	—	—	—	1	—	—	—	—	3	4	8
All other accidents	2	5	—	—	—	—	—	—	—	1	—	1	5	7
Suicide and self-inflicted injuries	3	1	—	—	—	—	—	—	—	—	3	1	—	4
All other external causes	3	—	—	—	—	—	1	—	—	—	—	1	1	3
Tuberculosis of respiratory system	1	—	—	—	—	—	—	—	—	—	1	—	—	1
Late effects of respiratory T.B.	1	—	—	—	—	—	—	—	—	—	1	—	—	1
Hyperplasia of prostate	3	—	—	—	—	—	—	—	—	—	—	—	—	3
Diseases of skin, subcutaneous tissue	—	1	—	—	—	—	—	—	—	—	—	1	2	3
Difficult delivery and/or anoxic condition	4	—	4	—	—	—	—	—	—	—	—	—	1	4
TOTAL	396	389	11	3	1	2	2	5	8	34	102	216	401	785

INFECTIOUS DISEASES

EXTRACT FROM DR. AIRY'S REPORT TO THE LOCAL GOVERNMENT BOARD,
OCT. 8, 1875.

DEATHS IN YARMOUTH FROM EIGHT PRINCIPAL ZYMOTIC DISEASES. 1870-1874.

Year	Smallpox	Measles	Scarlet Fever	Diph- theria	Hooping Cough	Fever	Diarrhoea	Chol- era
1870	—	34	22	8	16	29	50	—
1871	26	3	20	3	15	34	86	2
1872	83	1	1	4	4	30	76	1
1873	—	21	8	—	14	26	81	—
1874	—	1	208	—	9	14	36	—

FIFTY YEARS AGO IN 1923.

	Cases	Deaths
<i>Diphtheria</i>	30	5
<i>Erysipelas</i>	12	—
<i>Scarlet fever</i>	202	2
<i>Enteric fever</i>	4	1
<i>Poliomyelitis</i>	2	—
<i>Tuberculosis</i>	80	80
<i>Whooping cough</i>	4	4
<i>Measles</i>	5	5
<i>Diarrhoea</i>	14	14

1973

The incidence of notifiable disease remained satisfactorily low. The following table gives the number of cases notified by age group during the year.

NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups									Total 1973	Total 1972
	0 -	1 -	3 -	5 -	10 -	15 -	25 -	45 -	65		
Scarlet Fever	—	—	1	5	1	2	—	—	—	9	8
Whooping Cough	—	—	—	—	—	—	—	—	—	—	1
Measles	6	29	55	84	5	2	—	—	—	181	158
Pulmonary Tuberculosis	—	—	—	—	—	—	2	3	—	5	4
Non-pulmonary Tuberculosis	—	—	—	—	—	—	1	—	—	1	1

	Age groups									Total 1973	Total 1972	
	0 -	1 -	3 -	5 -	10 -	15 -	25 -	45 -	65			
Acute Meningitis	—	—	—	—	2	—	—	—	—	2	5	
Food Poisoning	—	1	1	1	—	—	1	—	—	4	4	
Infective Hepatitis	—	—	—	1	—	3	—	—	—	4	15	
Dysentery	—	—	—	1	—	3	—	—	—	4	—	
										Total	210	196

MEASLES.

This disease usually produces the largest number of notifications but this year there were only 181 compared to 158 in 1972. Last year I expressed the hope that the greater acceptance of Measles vaccine might be responsible for the fall from the 509 notifications received in 1971. I am tempted, in view of this year's figures, to re-express my trust that vaccination is beginning to have an effect on the figures. In so far as immunisation is concerned, it is interesting to note that of the 181 cases recorded in 1973, three children were found to have been vaccinated previously – five years before in each case. Two had been vaccinated by a general practitioner (with the same batch of vaccine) and one had received vaccination at school.

FOOD POISONING.

There were no outbreaks where 2 or more unrelated cases were found to have a common cause. Four official notifications were received, two of which were in the same family. *Salmonella typhimurium* was isolated in two of the cases but the cause was never established. Follow up action by the Public Health Inspector unearthed a related case for which no notification had been received.

The difficulties in a seaside town were again illustrated by the number of suspect cases reported involving visitors to the town, and although not confirmed, the evidence pointed to infection being present before arrival here.

TUBERCULOSIS.

The number of cases of tuberculosis on the register at the end of 1973 was 274 compared with 275 at the end of 1972. They were classified as follows :—

	Male	Female	Total
Pulmonary	138	110	248
Non-pulmonary	20	6	26
Total	158	116	274

Six cases were notified during the year, five of the pulmonary form of the disease. The number of notifications gives a rate of 0.12 per thousand and population compared with a figure of 0.10 per thousand population in 1972.

The following table gives an analysis of the notifications by age and sex :—

	25 -	35 -	45 -	55 -	65 -	75 -	Total
Pulmonary							
Males	2	—	—	2	—	—	4
Females	—	—	—	1	—	—	1
Non-Pulmonary							
Males	1	—	—	—	—	—	1
Females	—	—	—	—	—	—	—

More detail with regard to cases is given in the section of the Report which deals with the prevention of illness, care and after-care. The number of notifications and deaths from all forms of the disease with resultant rates per thousand population for the last ten years are given in the following table :—

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary
1964	13	2	0.22	0.04	2	1	0.04	0.02
1965	6	3	0.11	0.05	—	1	—	0.02
1966	7	—	0.13	—	—	—	—	—
1967	10	2	0.19	0.04	1	—	0.02	—
1968	10	1	0.19	0.01	1	1	0.01	0.01
1969	1	2	0.02	0.04	1	—	0.02	—
1970	8	1	0.16	0.02	1	—	0.02	—
1971	4	—	0.08	—	1	—	0.02	—
1972	4	1	0.08	0.02	1	—	0.02	—
1973	5	1	0.10	0.02	—	—	—	—

VENEREAL DISEASES.

The Physician in charge of the Treatment Centre gives the following information in his annual statistical table.

There were two new cases of syphilis, one a female with the disease in the latent stage and one male with congenital syphilis.

There was a considerable, and disquieting, increase in the number of cases of Gonorrhoea, 118 cases being seen compared with 54 last year. A total of 584 residents of Great Yarmouth were seen at Special Clinics, 421 at the Estcourt Hospital and the remainder at other clinics in the area.

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CARE.

Midwives undertake ante-natal care, either in the clinics or in the patients' own homes, as part of their routine duties. Clinic sessions are held from 2 - 4 p.m. on Mondays in Yarmouth and on Tuesdays in Gorleston. Booking sessions are now included in these sessions. Student Midwives attend the clinics with their teaching midwives. Clinics are also held weekly at the St. Paul's Mother and Baby Home.

PARENTCRAFT AND RELAXATION CLASSES.

The practice of sending out personal invitations to mothers inviting them to attend the classes has been continued this year and on special occasions, such as when a film is shown, husbands are invited to attend. In May one film was shown at which six husbands were present. They all enjoy participating in the discussions and appear to benefit from the course. Foam wedges were purchased so that the mothers could carry out the new types of relaxation exercises which are now recommended.

From February relaxation classes have been introduced at St. Paul's Lodge following the ante-natal clinic. The number of mothers who attended the classes at the clinics was 97, of which 63 were patients booked for hospital and 34 were domiciliary patients. The total number of attendances was 591.

MATERNITY OUTFITS.

The procedure for obtaining maternity and other associated small packs from the Central Sterile Supply Department at Northgate Hospital has continued, and this has now been the pattern for the past five years. The equipment used and the packs which are supplied are identical with those used in the Maternity Unit. Each midwife is issued with a supply of large and small packs for immediate use and afterwards they are returned to the department for replenishing and re-sterilising.

THE "AT RISK" REGISTER.

This is maintained in the department. Its purpose is to identify at the earliest possible age infants who are at risk of developing handicapping conditions, with a view to ensuring that they obtain special supervision and, if necessary, prompt attention. As mentioned in the two previous reports, a new procedure was introduced whereby a full survey of children attending the clinics was undertaken at regular intervals. At the end of the year 89 children remained on the register.

CONGENITAL ABNORMALITIES.

As reported in previous years, the Department of Health and Social Security introduced a scheme, which has now become a routine procedure, for ascertaining and reporting to the General Register Office all congenital abnormalities present at birth. This information is obtained from the notification of birth cards with additional information provided, where necessary, by a hospital Consultant. The following information shows the details of cases reported to the General Register Office in 1973 :

Cleft palate	1
Hydrocephalus	1
Renal tumour	1
Epispadias	1
Hydrocele	1
Oesophageal atresia	2
Bilateral talipes	1
Complete fusion of both legs	1
Anencephaly	1
Down's syndrome	1
Anencephaly and spina bifida	1
Hypospadias	1
Polydactyly	1
	—
	18
	—

One infant had more than one abnormality.

Congenital dislocation of the hip is now regarded as a preventable condition. All Health Visitors and Midwives are trained to carry out a simple test and it is performed on all babies in this area. All suspicious cases are referred to the general practitioner who, when necessary, refers the children to an orthopaedic surgeon. All infants are examined as soon as possible after birth.

LOW WEIGHT INFANTS

The care of low weight infants has been the responsibility of a Health Visitor with a special interest in paediatrics. She consults with the Sister-in-Charge of the Special Care Unit and she meets the mother while she is in hospital, so that arrangements can be made to visit the home to ensure that facilities for the care of these small infants are satisfactory and that the heating arrangements are adequate. A friendly relationship can be established from this contact and the Health Visitor will continue to give support to the mother until she can be transferred to the care of her own Health Visitor.

PREVENTION OF COLD INJURY.

This subject continues to be uppermost in the minds of midwives and health visitors during the winter months, particularly because of

potential injury to the health of very small infants. They constantly remind families of the need to maintain heat during the night and they are supplied with wall thermometers which can be left in the home so that parents can themselves check that the temperature of the bedroom is maintained at a reasonable level. In the present fuel crisis and with the increased cost of fuel it is difficult for parents to maintain heat at the required level. However, other means, such as hot water bottles and extra bedding are utilised as well. Student midwives are taught to be alert to the dangers of cold injury and to report suspected cases immediately.

At the other end of the age range the Geriatric Health Visitors and the other Health Visitors find elderly people reluctant to maintain adequate heating in their homes because of personal or financial reasons. The staff try to co-operate with the social workers to ensure that hypothermia does not occur.

BATTERED BABY SYNDROME.

This subject continues to give cause for concern, particularly when a child is admitted to hospital with injuries which cannot be regarded as due to accidental causes. The Department of Health and Social Security issued circular 48/73 in which it is stated that the Department is closely interested in developments in this field. The Health Department is aware of the syndrome of non-accidental injury, but the complexity and delicacy of the problems involved are by no means easy to resolve. One of the major difficulties is proving that an injury has been caused deliberately. One case was suspected by the Health Visitors during this year and close supervision of the parents has been maintained.

CHILD HEALTH CLINICS.

Child Health Clinics were held as follows :—

Great Yarmouth Clinic	— Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m. Screening for deafness in infants, first Thursday in month, 9.45 - 11.45 a.m.
Gorleston Clinic	— Monday and Friday, 2.30 p.m. to 4.30 p.m. Screening for deafness, by appointment
Magdalen Clinic	— Wednesday, 2.30 p.m. to 4.30 p.m.

The clinics held on Thursday afternoons in Great Yarmouth and Monday afternoons at Gorleston provide facilities for vaccination and immunisation.

The following table shows the number of children by age groups who attended clinics :—

Clinic	Children attended during the year Born in			Total
	1973	1972	1971	
Great Yarmouth	257	268	371	896
Gorleston	141	210	201	552
Magdalen	115	95	44	254
Total	513	573	616	1702

The following table gives further details about the clinics :—

Number of clinics held	301
Attended by a Medical Officer	158
Attended by Health Visitors (Medical Officer not present)	143
Number of children referred to a specialist	2
Number of children referred to General Practitioner	3

Personal invitations have been sent to parents inviting them to bring their babies to the clinics for screening tests for deafness in young children and there has been a good response.

Health Visitors continue to encourage mothers to take their young children to the dentist so that they can be accustomed to visiting the dentist before treatment becomes necessary.

WELFARE FOODS.

These foods (National Dried Milk, Vitamin Tablets and Drops) were available at all clinics. There has been an increased demand for National Dried Milk from 2,361 last year to 2,877 this year, and a slight increase in the demand for vitamin drops.

The Health Visitors' efforts in advising the mothers to avail themselves of the vitamins have had effect. The table set out below shows details of the sales :—

	National Dried Milk	Vitamin Tablets A, D and C	Vitamin Drops A, D and C
Jan. - March	626	102	585
April - June	860	95	444
July - Sept.	731	51	404
Oct. - Dec.	660	77	436
Total	2877	325	1869

FAMILY PLANNING.

The Family Planning Association continues to act as the agent of the Authority for the purposes of providing a family planning service in the town. The scheme mentioned in previous reports has been maintained. Two clinics are held each week in Yarmouth and one in Gorleston and these sessions are extremely busy.

CARE OF UNSUPPORTED MOTHERS AND THEIR BABIES

The close relationship with St. Paul's Lodge Mother and Baby Home has continued although the Social Services Department took over the supervision of the Home in 1971. One midwife has the responsibility for the ante-natal care of the mothers and weekly clinics are held in the house. One general practitioner has undertaken the responsibility for the girls who are booked for admission to the General Practitioner Unit unless there are any complications, in which case they are referred to a Consultant. As mentioned earlier, parentcraft classes follow the ante-natal sessions which are conducted by either a Health Visitor or the midwife and a student.

DENTAL CARE.

The Senior Dental Officer reports as follows —

The number of mothers seen shows a slight increase over the previous year and the number of children under five shows a slight decrease, but contact with parents of children between 2 and 5 is still difficult to maintain unless there is also an older child at school. Efforts to gain contact via the treatment acceptance forms for older children have not yet been made but with the changeover on the 1st April 1974 to the National Health Service there may well be reason to introduce a different form in order to contact parents over the much wider area which will be covered.

In respect of the actual work carried out the extractions and teeth treated by silver nitrate are about the same as last year, but there is quite a fall in the number of fillings needed by approximately the same number of children seen.

(a) Numbers provided with dental care :—

	Number of persons examined during the year	Number found in need of treatment	Number of persons who commenced treatment during the year	% of those needing treatment who were treated	Number of courses of treatment completed during the year
	(1)	(2)	(3)	(4)	(5)
Expectant and nursing mothers :					
1969	11	9	9	100	5
1970	25	23	19	82.6	12
1971	16	16	16	100	10
1972	13	9	9	100	10
1973	14	13	13	100	7
Children under five :					
1969	247	127	126	99.2	95
1970	272	149	148	99.4	130
1971	226	90	79	87.7	117
1972	230	88	82	93.2	116
1973	216	58	56	96.5	75

(b) Forms of dental treatment provided :—

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns and inlays	Extractions	General anaesthetics	Dentures provided		Radiographs
	(1)	(2)	(3)	(4)	(5)	(6)	Full upper or lower	Partial upper or lower	(9)
Expectant and nursing mothers :									
1969	4	6	—	—	4	1	2	3	—
1970	5	22	—	—	21	6	2	4	1
1971	13	18	—	—	19	4	2	3	3
1972	4	11	—	—	4	2	—	1	2
1973	5	10	—	—	10	2	1	—	—
Children under five :									
1969	2	100	205	—	85	45	—	—	1
1970	2	112	236	—	115	56	—	—	1
1971	—	98	153	—	53	34	—	—	—
1972	5	83	134	—	63	35	—	—	2
1973	—	34	129	—	50	33	—	—	1

MIDWIFERY SERVICE

'Throughout the ages in all societies women have been helped during childbirth by other women. The latter "learned" their skills by practical experience, but in general received no training. During the last century these women were immortalised as the "Sarah Gamps" of the Dickensian writings.

'There was no systematic study of childbirth in this country until the 17th century, and the art was restricted to a few medical men assisted by handywoman and it was not until the 19th century that the training of medical students in Midwifery was started.

'In 1881 the Midwives' Institute, now the Royal College of Midwives, was founded. It was not successful in its attempts to regulate the practice of midwifery until the Act of 1902 was passed. This Act, which required the formation of a Central Midwives' Board, saw the passing of Sarah Gamp and established the midwifery service that we know today.

FIFTY YEARS AGO IN 1923:

'MIDWIVES. There are six practising in the District. As the Medical practitioners attend an unusually high proportion of cases (64.6%) this number is sufficient.'

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This section includes information on the duty of the local Health Authority to provide a domiciliary service under Section 23 of the National Health Service Act, 1946, on its function under the Midwives Act as Local Supervising Authority, and under the Health Services and Public Health Act, 1968 by which it is permitted to make provision for midwives to be in attendance on women elsewhere than in their own homes.

At the end of last year arrangements were made to enable this authority to administer the Midwifery service in the 5½ parishes which would be merged with Great Yarmouth to form part of the new District. On the 1st of January we took over the domiciliary bookings and also those patients who wanted to be delivered in the General Practitioner Unit from Bradwell, Burgh Castle and Belton and on the 1st of August all the midwifery for the western parishes, including those patients recommended for early discharge, was absorbed. As a result of this scheme there have been a number of additional bookings from East Suffolk – 27 for domiciliary confinement and 12 for delivery in the General Practitioner Unit.

The General Practitioner Unit, which is within the confines of the Maternity Unit, continues to function although only three group practices use it. The mothers who are admitted there very much appreciate the fact that they have the continuity of care from their own doctors and midwives.

INSTITUTIONAL MIDWIVES

Forty-six midwives, of whom 17 were agency midwives employed in the Maternity Unit at Northgate Hospital, notified their intention to practise in this area.

MUNICIPAL MIDWIVES.

Nine Midwives, including the Director of Nursing Services and the Nursing Officer (Midwifery), notified their intention to practise. Four of these midwives also notified their intention to practise in the East Suffolk area in view of the management of the service there.

MATERNAL DEATHS.

There were no maternal deaths during this year.

NUMBER OF CONFINEMENTS.

The total number of live and stillbirths, including those not normally resident in the County Borough, amounted to 1886. Included in this figure were 569 live births and 8 stillbirths born in hospital, of which 98 were delivered by domiciliary midwives in the General Practitioner Unit. The domiciliary midwives carried out 60 home deliveries in Great Yarmouth and 27 in East Suffolk.

There were 14 sets of twins, all of whom were delivered in hospital, 6 of them to local residents.

EARLY DISCHARGES.

There were 515 patients discharged home early to the care of the domiciliary midwives. Thirty-seven were discharged within two days, 442 between three and seven days and 36 were discharged from the 8th day. Included in this figure are those discharged to the 5½ parishes which have not been separated.

ADMINISTRATION OF ANALGESIA.

All midwives are trained in the use of Trilene analgesia. Each midwife has her own machine which is retested annually. During the year Trilene was administered to 122 patients on the midwife's own responsibility and to 26 patients when a doctor was present.

Pethidine was given to 137 patients on the midwife's own responsibility and to 16 when a doctor was present.

In the General Practitioner Unit midwives use the Entonox machines as do the hospital midwives.

CONFINEMENT IN HOSPITAL.

The midwives undertake the work of assessing the need for hospital confinement on social (as distinct from medical) grounds, so that the best use can be made of the beds available, and the mother's wishes respected as to where she would like to have her baby. Of the 341 cases investigated 175 were recommended for the General Practitioner Unit and 157 recommended for the Consultant Unit.

GUTHRIE TESTS.

These tests have been continued as in past years. Midwives undertake this test on the ninth day before they leave the mother, whether the baby was born in hospital or not. The midwives explain to the parents the need for the test and obtain their written consent before doing the simple heel "prick test". Four hundred and thirty tests were carried out and 14 repeat tests were done when there was either a fairly high level of phenylalanin in the blood or where an inadequate specimen had been sent to the laboratory in the first instance. These specimens are tested at the Ida Darwin Hospital, Fulbourn, and at regular intervals lists are received of the names of all the children whose tests have given results at a normal level. One family refused consent for the test to be done.

MIDWIVES' ANTE-NATAL CLINICS.

Midwives conducted ante-natal sessions for their patients at Yarmouth Clinic on Monday and at Gorleston Clinic on Tuesday afternoons. As mentioned in the previous section, booking sessions are held at the same time as the ante-natal sessions. Mothers who are going to be delivered in the General Practitioner Unit also have ante-natal care at these clinics so that a friendly relationship can be established between the midwives and themselves before admission to hospital.

Visits to the home are also undertaken when necessary and the midwives also visit those patients who are booked for early discharge to ensure that everything is ready for their homecoming.

In addition to these visits, midwives give courses of iron injections which have been prescribed by General Practitioners. Two hundred and sixty-six visits were paid to 45 patients for this purpose. Where group practices have either a practice nurse or one of the District Nursing Sisters in attendance, the mothers may receive their injections at the doctors' surgeries when it is possible for them to attend.

PART II TRAINING SCHOOL.

The Training School has continued during this year. Nine candidates were accepted for training, of whom 7 were successful and one student was accepted for a long refresher course. The two students already in training at the end of last year were also successful in their examinations. Two more students commenced training on the 1st December. All the domiciliary midwives are approved as teachers and share the students between themselves to ensure that the students can participate in as many confinements as possible.

MEDICAL AID

The number of persons for whom medical aid was sought during the year under Section 14(i) of the Midwives Act, 1951, by the domiciliary midwives was made up as follows :—

(1) where a practitioner has arranged to provide the patient with maternity medical services under the National Health Service	— Domiciliary 109 — G.P. Unit 6
(2) others	— (unbooked case) 1

HEALTH VISITING SERVICE

'It was the misery and squalor among the poor of the industrial north that prompted the formation in 1862 of the Ladies' Sanitary Reform Association in Manchester. Its aim was to "popularize sanitary knowledge, and to elevate the people physically, socially, morally and religiously," and to this end they appointed a "respectable working woman" to do systematic home visiting and to give help. This was the precursor to the modern health visitor. She carried a Bible tract and a bottle of disinfectant and was thus armed to carry out all duties outlined in her terms of reference.

50 YEARS AGO IN 1923

'WORK OF THE HEALTH VISITORS, MISS M. H. WINGATE AND MISS I. SEARCH.

'These two ladies work under the Health and Education committees. During the afternoons on five days a week their time is fully occupied as a rule with assisting in the routine inspection of the children on school premises. During the mornings and on school holidays, and on occasional afternoons when one of them can be spared from the schools, their work consists of home visiting. For this purpose they attend every morning at the Town Hall, to report on the previous day's work and to receive instructions for the day.'

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The establishment of this Service was increased by two full-time Health Visitors during the year but, as indicated last year the difficulty in filling vacancies is a national problem, and the posts have not yet been filled.

The service consists of one Nursing Officer, one Tuberculosis Visitor and eight Health Visitors, two of whom are employed on a part-time basis. One student returned in June to undertake three months supervised practice under the guidance of an experienced Health Visitor. She was successful in her examination and joined the staff in September.

Three members of the staff left the service during the year. The Nursing Officer (Health Visiting), retired after eight years' service, the Senior Geriatric Health Visitor also retired after eight years' service and one Health Visitor resigned to take up an appointment in the hospital field. Two new Health Visitors took up their appointments on the 1st August and one of them was later promoted to the Nursing Officer's post.

The Tuberculosis Visitor continued her work both at the Chest Clinic and of paying home visits to follow up contacts to invite them to attend the Clinic at regular intervals. In addition to this, she has the responsibility for visiting and, where necessary, advising long-stay immigrants. She has the responsibility for following up persons who are reputed to be suffering from sexually transmitted diseases, and trying to trace and follow up named contacts. Every effort is made to persuade defaulters to attend the clinics, there being no powers to compel persons to attend. This is a very difficult, time consuming, task to undertake, and can also be very frustrating when the visitor doing the tracing is subject to abuse. Heath Visitors help her to trace contacts when they can.

The work of the Geriatric Health Visitors continued along the usual lines until June when the senior one retired. At this juncture it was decided not to continue with this speciality but to make all the Health Visitors generic and to allocate the elderly persons to all Health Visitors.

When the Nursing Officer (Health Visiting), retired the second Geriatric Health Visitor accepted responsibility for the paediatric liaison work on the children's ward, at the maternity unit and at the out-patients' clinics, in addition to being attached to one group practice for their geriatric patients. She has continued the liaison between the Paediatrician and the department and maintained the contact with the Medical Social Workers at the hospital.

Group attachment schemes were planned and the Director of Nursing Services, in company with the Health Visitor concerned, discussed the proposed scheme with each group, and at the end of the year all the Health Visitors were attached to practices. However, owing to staff shortages at the end of the year some modification to the original scheme has had to be made but it is hoped that this will be of a temporary nature.

The early detection of defects and abnormalities still continues to be an important part of the work of Health Visitors and for this reason I have continued the practice of maintaining an "At Risk" register. Information concerning these children is obtained from the notification of birth cards. The Health Visitor pays special attention to them until they are seen to be progressing normally and then their names are removed from the register. There were 89 remaining on the register at the end of the year. The new consultation cards for use in the clinics are in use, and regular examinations have been carried out during the last few months of this year and will be continued.

Screening for deafness in young children is undertaken by the Health Visitors at special clinic sessions held for this purpose and the response from the parents is excellent.

The Mothers' Club continues to flourish. The members meet on alternate Tuesday evenings and run their own meetings, although the Health Visitors attend to offer help and support when necessary and often act as leaders of discussion groups.

The new Nursing Officer (Health Visiting), is particularly interested in Health Education and she supervises the displays, visual aids and other demonstration material for use in the clinics.

The total number of children visited during the year was 3212. Handicapped persons on the Health Visitors' lists totalled 48, including 8 epileptics, one mongol and 28 spastics.

The Tuberculosis Visitor paid 555 visits to 213 households. In addition to this work she has given considerable help to the school nurse.

DISTRICT NURSING SERVICE

'Nursing has been an occupation of women throughout the ages. Originally confined to the Religious Houses, the nursing was undertaken in the homes of the poor and in special institutions. The latter gradually assumed the role of hospitals and over the centuries developed into the two types of hospital which remained until the advent of the National Health Service Act of 1946. In urban areas of the past century the Workhouse Infirmary was the established institution and conditions in these were unbelievably appalling. The "nursing" was carried out by pauper women, dirty, dishonest, illiterate old crones. The "Night Nurse" was as likely as not a policeman.

'The concept of district nursing did not originate until early in the 19th Century. Elizabeth Fry founded an Institution in 1840 to provide trained nurses for the sick poor; but the training consisted of desultory attendance in the Wards of one of the London Hospitals.

'William Rathbone originated District Nursing in Liverpool in 1859, but the early venture was not very successful and was followed by the establishment of a training school for nurses for both Hospital and District.

'The seed of the District Nursing organisation as known now, originated in London and Sir James Paget (of the Great Yarmouth family and by now an eminent London surgeon) was concerned in the early planning. In January 1888, a Memorandum signed by Sir Rutherford Alcock, the Duke of Westminster and Sir James Paget, setting out a recommendation for a District Nursing organisation was approved by the Queen, and in September 1889, the Queen Victoria's Jubilee Institute for Nurses received its Charter of Incorporation. Thus was born the "Queen's Nurses". The brassard, still worn, bears the Queen's Monogram V.R.I.

50 YEARS AGO IN 1923.

'Professional nursing in the Home is provided by the two nurses acting under the "Christmas Charity" and one District Nurse under the Guardians.

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The establishment of the service was increased during the year. The staff of this section now consists of the Nursing Officer (District Nursing), thirteen district nursing Sisters and four nursing auxiliaries. At present the Nursing Officer carries out the duties of a District Nurse, but it is hoped that next year she will be able to assume full managerial duties.

There have been several staff changes due to resignations for appointments elsewhere. Early in the year one District Nursing Sister successfully completed her district nursing training course. A second Sister attended a similar course in the late autumn, but the result of her examination is not yet known.

In the summer a joint appointment was made by the Directors of the Nursing Services for East Suffolk and Great Yarmouth for a District Nursing Sister to work in the 5½ parishes south and west of Gorleston. The management of the service has been the responsibility of the Great Yarmouth staff but it has been funded by East Suffolk. This Sister cared for 21 patients aged between 5 and 64 and 62 patients aged over 65, making a total of 83 patients and she paid 1088 visits.

The student and pupil nurses undergoing training in this area continue to visit with the District Nursing Sisters at regular intervals. The Director of Nursing Services gave talks to the students and pupils on the Community Services and she arranged an exchange of visits between the ward sisters and the community sisters and she gave a talk to the sisters at the hospital before their visits to the community. These visits have created a better understanding of each other's role.

Last year I reported on the extent to which group attachment schemes were expanding; this year one more sister has been fully attached and plans are well in hand for a full attachment scheme early next year. The number of nursing auxiliaries has been increased to four so that all the sisters have help in bathing the elderly infirm patients who are incapable of managing on their own.

The nursing care of the patients continues to be of a high standard. The largest group of persons being cared for at home are those over the age of 65 and in the doctors' surgeries the largest group is between the ages of 5 and 64. The main function of the District Nursing Sisters is to give support to the relatives in the care of their patients and to teach them how to manage the patient in their absence. In order to facilitate the admission to hospital of those patients who can no longer be nursed at home the Director of Nursing Services has a close liaison with the hospital Medical Social Workers for whose co-operation I am grateful.

In January a ripple bed was purchased for the use of very ill patients being nursed at home. It gives comfort to them and helps the prevention of pressure sores.

The following is a summary of the work done :—

Number of patients nursed	1554
Number of new patients	1114
Number of patients on the books at the end of the year	422
Number of patients over 65	1018
Number of patients under 5	5
Number of visits to patients over 65	27579
Number of visits to patients under 5	121
Total number of visits to all patients	39665

The number of patients nursed has fallen slightly and the number of visits has fallen from 41709 to 39665. These figures do not include the work done in the 5½ parishes.

The number of patients nursed and the number of visits paid over the past ten years are shown below :—

Year	Number of Patients nursed	Number of Visits
1964	915	27,733
1965	960	29,206
1966	1,054	27,575
1967	1,180	29,389
1968	1,127	32,248
1969	1,162	32,767
1970	1,266	35,606
1971	1,423	37,076
1972	1,607	41,709
1973	1,554	39,665

VACCINATION AND IMMUNISATION

50 YEARS AGO IN 1923.

'DIPHTHERIA ANTITOXIN is provided free for the use of doctors who require it. It can be obtained at the Town Hall and Isolation Hospital during the day-time and at the two Police Stations during the night.'

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DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Immunisation against these three diseases is now commonly given by the administration of vaccine in the form of "Triple Antigen", and the majority of infants immunised at the clinics received this. Separate antigens were available for children whose parents elected to have immunisation against a particular disease, but these are now rare, and the separate vaccines are now mainly used for children for whom whooping cough vaccine was contra-indicated, or who had not received any immunisation in infancy.

During the year 587 children were given a primary course of immunisation, and 749 children received reinforcing doses.

TUBERCULOSIS.

The arrangements for the protection of children against tuberculosis by B.C.G. vaccination are in two parts. Under one, vaccination is offered to all school children of thirteen years of age and upwards and to all students attending establishments of further education, and the work is carried out in school by the full-time staff of the depart-

ment. Further information on this aspect of the work is given in the report of the Principal School Medical Officer. The second part involves vaccination of contacts of cases of tuberculosis known to the Chest Clinic, and the work is carried out by the Chest Physician.

The following table gives details of the work done during 1973 :—

Schoolchildren Scheme :—

No. skin tested	734
No. found positive	72
No. found negative	662
No. vaccinated	662

Contact Scheme :—

No. skin tested	160	
No. found positive	28	
No. found negative	132	
No. vaccinated	154	(including babies vaccinated without previous skin test)

The first full year of operation of the Schoolchildren Scheme was in 1957, and the following table gives some of the relevant details for the last twelve years. The positives include grades 1-4. The percentage of positives is calculated from the grade 3 and grade 4 positives only.

Year	No. skin tested	No. found positive	% positive of No. skin tested
1962	784	158	20.15
1963	759	77	10.14
1964	601	40	6.65
1965	731	33	4.51
1966	684	39	5.70
1967	713	38	5.33
1968	651	35	5.53
1969	685	25	3.6
1970	659	40	6.1
1971	643	31	4.8
1972	691	49	7.09
1973	734	72	6.54

POLIOMYELITIS.

Oral Sabin vaccine is now used exclusively in this Authority's area to produce immunisation against poliomyelitis.

The following table deals with the administration of oral vaccine during the year :—

Age Group	3 doses completed
Born 1973	36
1972	409
1971	74
1970	10
1969-66	4
Others under age 16	1

534

Oral booster dose (up to age 15) 490

Of the total of 1024 persons vaccinated, 379 (37%) of the doses were given by family doctors and 645 (63%) either at the clinics or in the schools.

MEASLES

The following gives the numbers vaccinated :—

Born 1973	—
1972	225
1971	124
1970	18
1969-66	32
Others under 16	4
	<hr/> 403 <hr/>

RUBELLA

Girls born in 1958-59. Total vaccinated 310

AMBULANCE SERVICE

50 YEARS AGO IN 1923.

'AMBULANCE FACILITIES. (a) Infectious diseases — Horse Ambulance provided by the Corporation; (b) Other cases — Motor Ambulance provided by the Red Cross and maintained by the Corporation (kept at Police Station and manned by the Police).

1973

The service continued to function satisfactorily during another very busy year. The staff establishment is now the Officer in Charge, 24 driver/attendants four of whom are shift leaders, and one part-time driver/attendant. Members of the staff attended either basic training or refresher courses and in general the subsequent assessments were very favourable. Indeed it has been clear from the results of the past year that the Ambulancemen work just as hard in "school" as they do whilst on duty.

The vehicle strength remained at seven. All are radio controlled and maintained at the Borough Engineer's depot in Churchill Road. One new vehicle was bought during the year and one old vehicle sold. One ambulance was modified to give greater head room within the body.

Circular HRC 73/10 was received at the end of May, and this gave guidance on the amalgamation of the individual services within the new Health areas. The new Norfolk Area Health Authority Ambulance Service will be formed by the amalgamation of the present County Service with those of the two County Boroughs and will also include parts of the present East Suffolk Ambulance Service. Control will be centralised at Norwich with new radio equipment operating on a different frequency from the present equipment, together with tele-printer facilities at each District General Hospital where this is adjacent to a main ambulance station.

STATISTICS

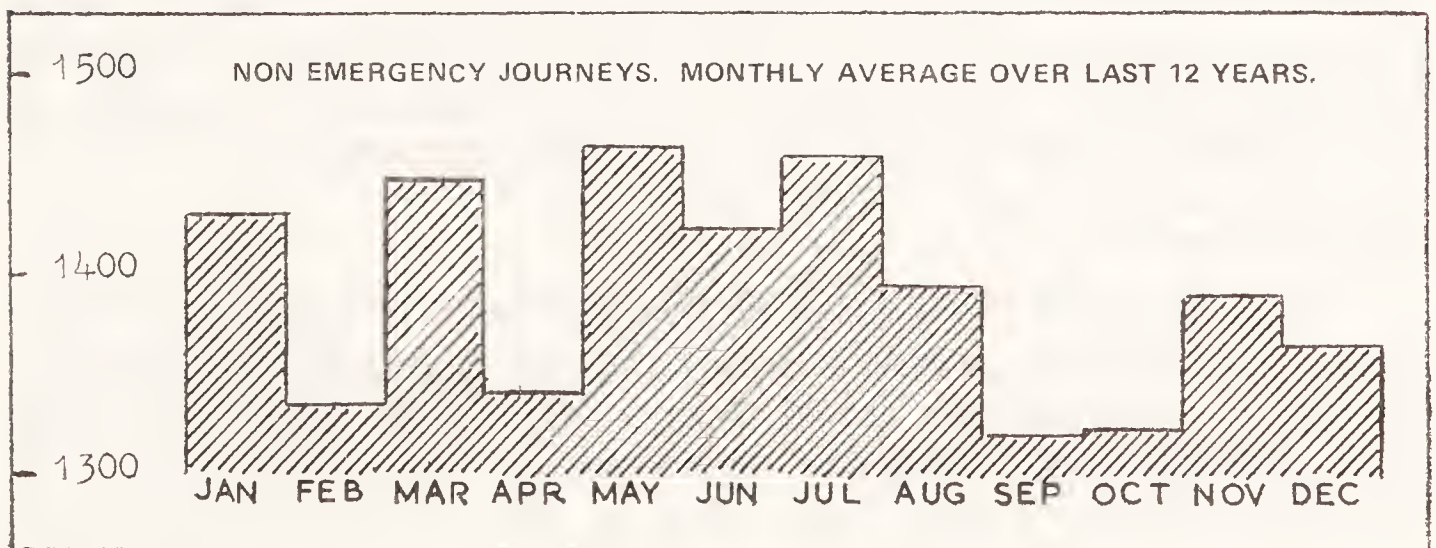
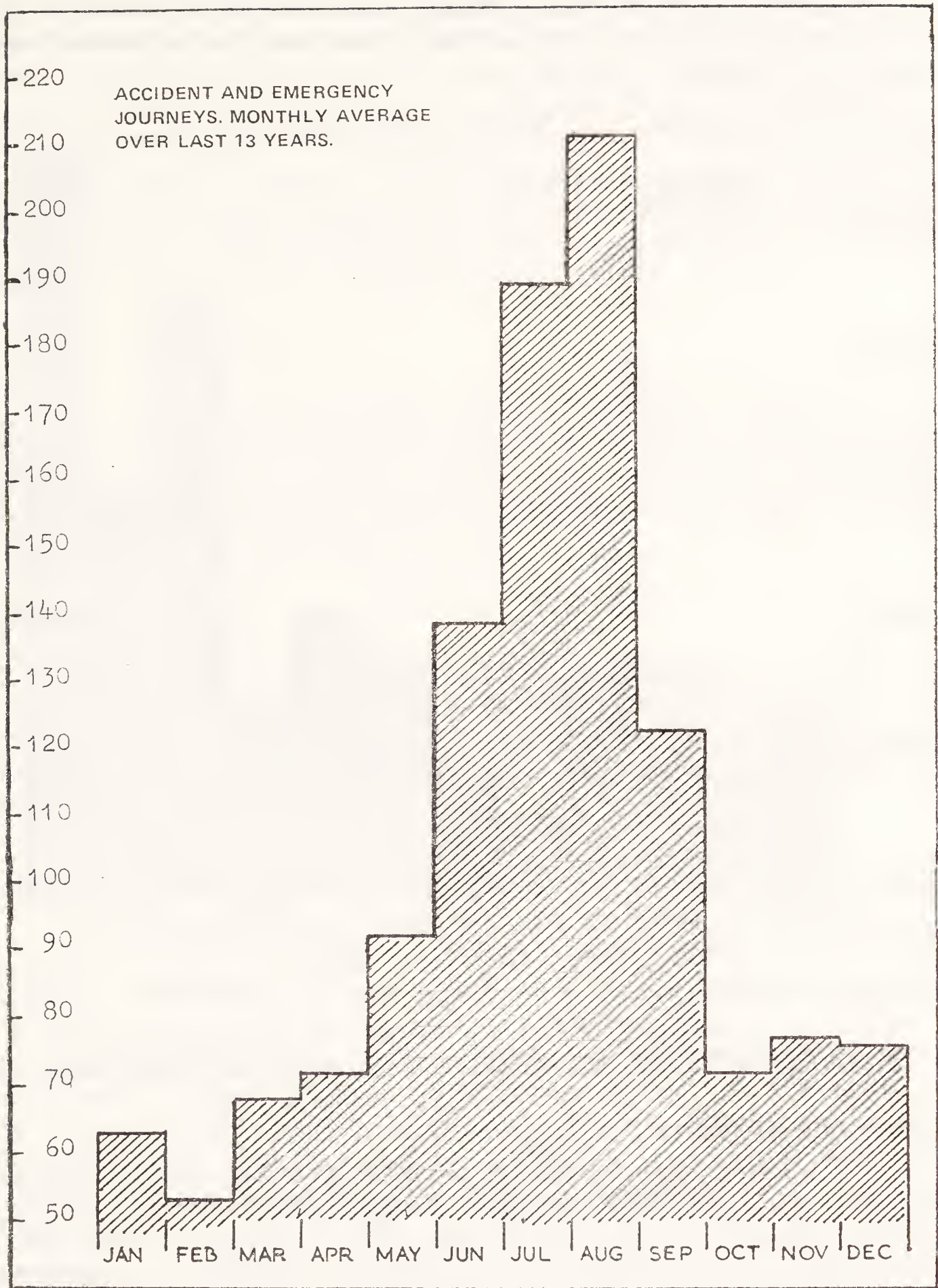
The following table gives particulars of the number of patients carried, the number of journeys, the mileage and the miles per patient rate for the past six years.

Year	Patients carried	Journeys	Mileage	Miles per patient
1968	17,783	6,101	106,736	6.002
1969	18,136	6,379	108,474	5.981
1970	17,422	6,451	108,200	6.210
1971	20,526	6,557	104,641	5.097
1972	19,048	6,611	104,885	5.506
1973	21,519	6,270	108,384	5.036

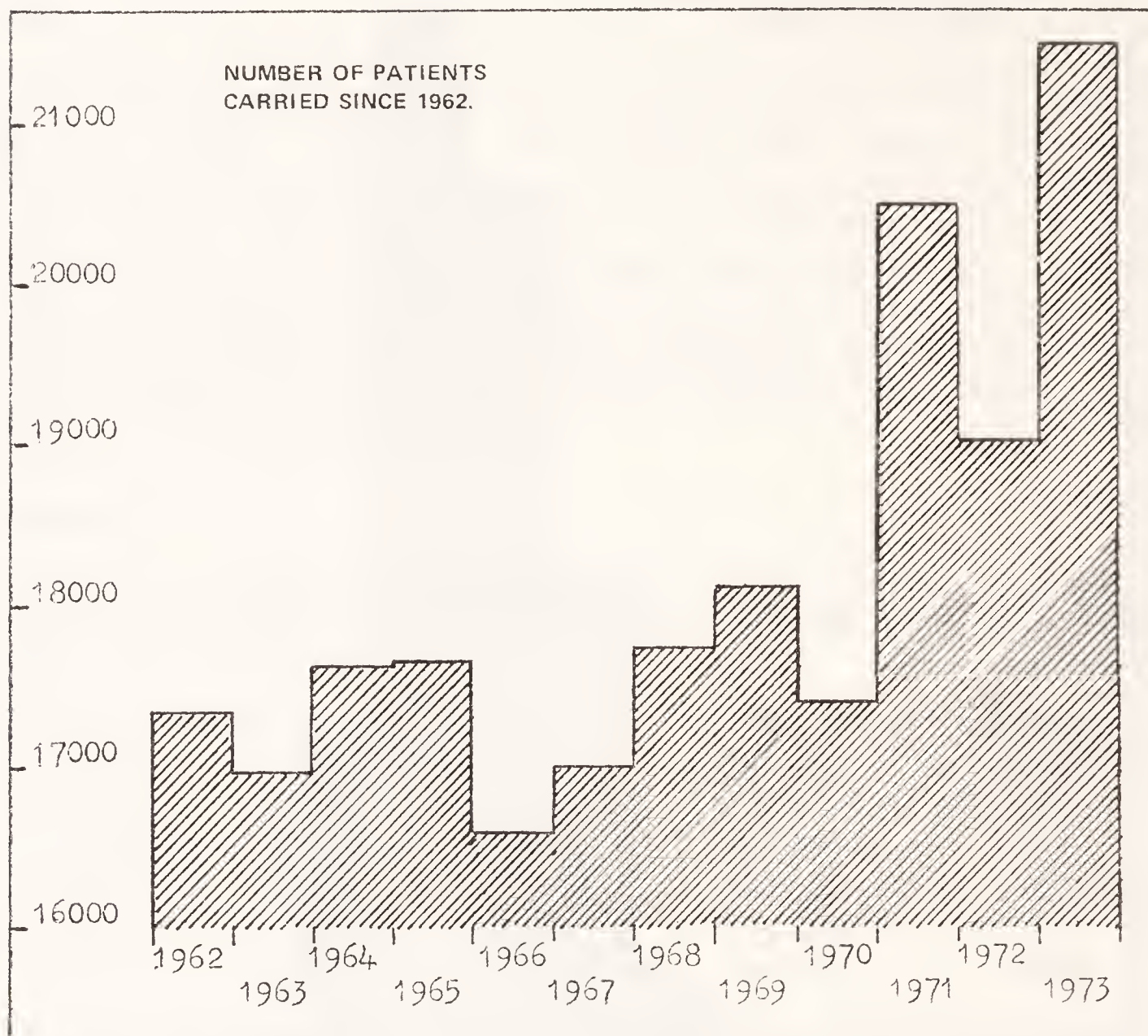
This year's figures show that nearly 2,500 additional patients were carried compared with last year and although the mileage was 3,500 more than in the previous year, the number of journeys fell by 341.

An industrial dispute and an effort to economise on fuel during the month of December meant that the number of patients carried was 1,400 fewer than in the previous month, the number of journeys nearly 50% less and the mileage down by over 4,400 compared with the figures for November.

The summer months throw a heavy burden on the Accident and Emergency service and this is shown by the first diagram. There is a steady build up of calls from May, reaching a peak in August, and declining towards the end of September. By contrast, the second diagram shows the average number of "cold" work journeys throughout the year. It will be seen that there is relatively little variation from the mean of 1,390 journeys per month.



In general, there has been a steady increase in the work load of the service, most marked over the last three years and this is demonstrated by the third diagram.



PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION.

All the normal activities of the department in the sphere of Health Education were continued. The new Nursing Officer (Health Visiting) has accepted responsibility for ensuring that a supply of health education material is available for both clinics and she is compiling a "bank" of posters and other visual aids which can be used at either clinic. In addition to this the other Health Visitors play their part in arranging displays. Good publicity is given to national campaigns on Health subjects and seasonal dangers are highlighted as well.

TUBERCULOSIS.

I was informed of six cases of tuberculosis, 5 of pulmonary tuberculosis (one being an inward transfer) and one of tubercular meningitis. The age of these patients varied from 5 years to 84 years. The young adult suffering from meningitis was transferred to a hospital outside the area.

Four children, whose ages ranged from 4 to 10 years were contacts of their father who was an open case of pulmonary tuberculosis and they were treated at home with chemotherapy. Their father came to this area for a visit and after being diagnosed here, was admitted to hospital. One patient reactivated after being an old case of 10 years standing and five patients received treatment in hospital. Ten patients were treated by chemotherapy but one patient who was treated in this way was not definitely diagnosed as having tuberculosis of a joint. Nine patients recovered from the disease.

LONG-STAY IMMIGRANTS

As mentioned elsewhere, the Tuberculosis Visitor has the responsibility for visiting and, where necessary, advising long-stay immigrants. She followed up eight persons to whom she gave advice about registering with a general medical practitioner and where to attend for a chest X-ray if necessary.

VENEREAL DISEASES.

This subject has been reported on elsewhere in my report. The Tuberculosis Visitor has the responsibility for tracing contacts. She traced 7 known contacts and two others were found by the Health Visitors. Every effort is made to persuade the contacts to attend the special clinics for treatment.

OTHER ILLNESSES.

The care and after care of persons suffering from other forms of illness is provided through the Health Visiting and District Nursing Services. The former Geriatric Health Visitor undertakes the paediatric liaison duties, regularly visiting the outpatient clinic, the children's ward and the special care unit in the Maternity Unit at the local hospital. She obtains information from the Paediatrician and his staff about the care of the children who have gone home and in turn supplies information to them as to the environmental background.

The Medical Social Workers supply information to the department about elderly folk being discharged from hospital who are in need of visiting, and conversely the Director of Nursing Services supplies them with information concerning elderly persons for whom urgent admission to hospital is essential.

Ward Sisters of the Children's Ward notify the department of children discharged from their wards who are in need of visiting. The Director of the Nursing Services continues to receive messages from the Medical Social Workers about patients who require the services of the District Nursing Sisters after discharge from hospital.

LOAN OF NURSING EQUIPMENT.

The depots run by the British Red Cross Society and the St. John Ambulance Brigade for the provision of nursing equipment have con-

tinued to function satisfactorily. They have continued the practice of organising a loan service of wheel chairs for the use of visitors to the town during the summer holiday period, and the Council's thanks are extended to them for the service they render.

The Department supplies nursing equipment and aids to the patients under the care of the District Nursing Sisters and Health Visitors. For larger items of equipment, such as hoists, application is made to the Social Services Department who, after investigation, will endeavour to supply the necessary equipment.

FACILITIES FOR INCONTINENT PATIENTS

Incontinence pads, plastic sheets and other equipment are held in the department. The District Nursing Sisters carry a supply of them for their patients and issue them when necessary. In view of the acute shortage of these items, they have been asked to make the best possible use of them. During the year 12,700 pads were issued.

CHIROPODY.

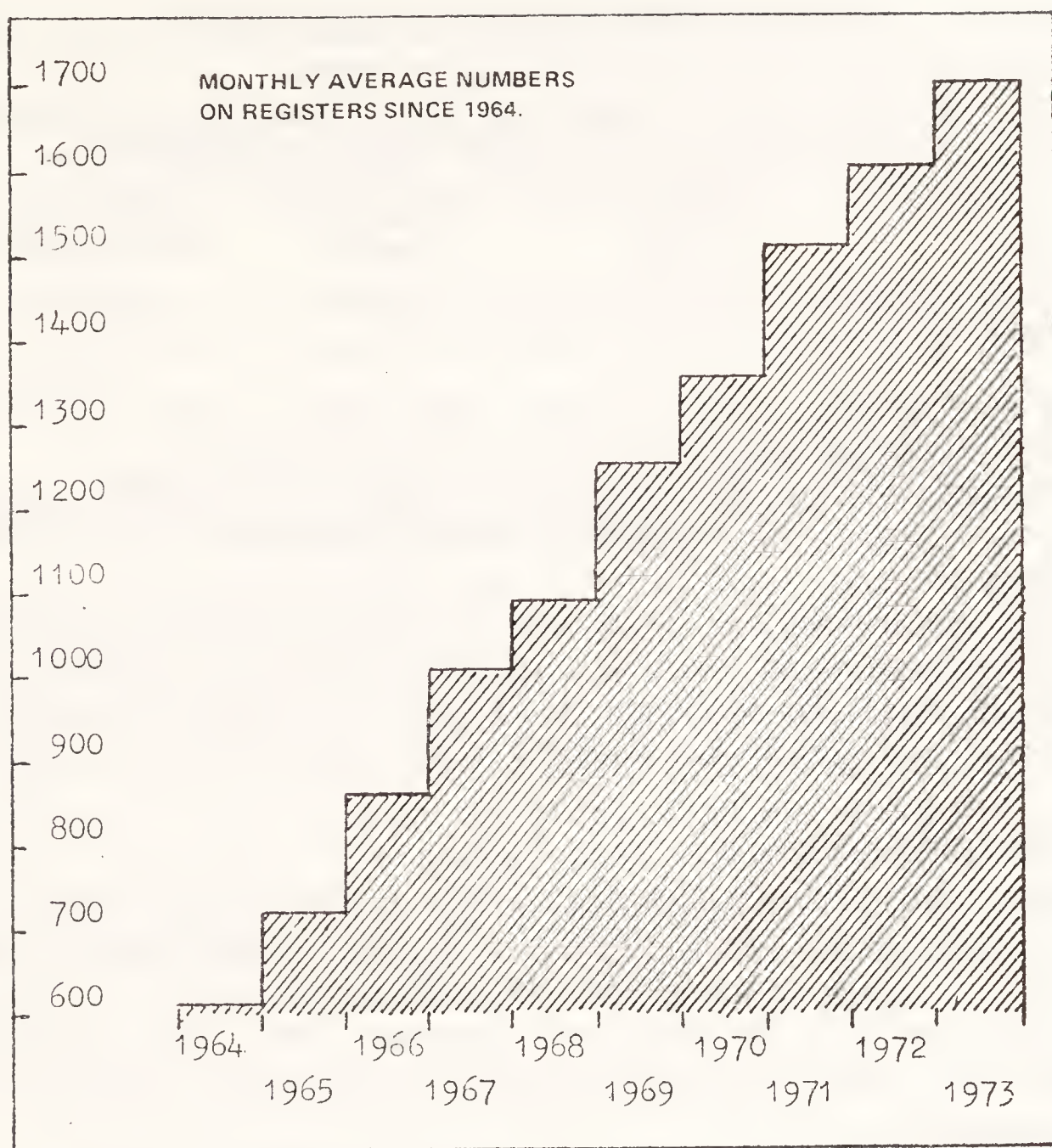
The demands on the chiropody service continue to increase and the number of persons on the register at the end of the year was 1,927, 161 more than in 1972. Of those treated six were physically handicapped or otherwise disabled under the age of 65 and the remainder were all persons aged 65 or over.

During the year 6,311 treatments were given, of which 4,299 were in clinics, 457 in patients' homes and 1,555 in the Council's Old People's Homes. The number of treatments given at a patient's home shows an increase of over 33% on the previous year.

The number of sessions for the year was 746, giving an average of 8.5 treatments per session.

Clinics continue to be held at the Greyfriars Way Clinic, Great Yarmouth on Mondays, Tuesdays, Wednesdays and Thursdays and at the Gorleston Clinic, Trafalgar Road East on Tuesdays, Thursdays and Fridays. A chiropodist also attends the Council's Old People's Homes and makes domiciliary visits.

The increase in the growth of this service since 1964 is shown on the following diagram :—



PROBLEM FAMILIES.

The work amongst these families continued along similar lines to those reported in previous years. Monthly case conferences are held by the Welfare of Children Committee at which all departments involved in caring for these families pool information and decide the best way of visiting and providing support for such families. It was recently agreed between the representatives of the departments involved to introduce a rota system of visiting. The Health Visitors and the Senior Housing Welfare Officer work together in dealing with some of these families and have brought in voluntary workers to assist them. Some families, however, are very resistant to help and advice and need constant supervision.

CERVICAL CYTOLOGY

The examination of women by the "smear test" has now been available for some years and was first mentioned in the Annual Report for 1966. Shortage of facilities imposed limitations on the service for several years, but these were removed in 1971. At the same time a National recall system was introduced and women are now sent re-

mindings to undergo re-examination at intervals of five years. These reminders are sent out by this Health Department.

The National recall scheme has also meant that statistics are obtainable for the town and the relevant figures are given below :—

Year	Number examined	Number of Positives	Rate per 1,000 examined
1972	1,577	16	10.15
1973	1,995	11	5.51

The Regional average for five years gives a rate of 6.26 per thousand women examined.

Women with positive smears are referred for Consultant examination and opinion and, on average, about half the cases are confirmed by biopsy.

The smear test can reveal other conditions requiring treatment, the most important of which is a cervical erosion. This condition can be precancerous and treatment, therefore, is an important preventive measure 73 such cases were detected in the Great Yarmouth series.

HOME HELP SERVICE

This service was transferred to the Social Services Department in 1971, and as the Health Visitors and Home Help Organisers need to keep in constant communication concerning the needs of the elderly, the close links they had before the changeover have been maintained

FLUORIDATION.

The Council took no action during 1973 with regard to the fluoridation of the public water supply.

MISCELLANEOUS SERVICES

NATIONAL ASSISTANCE ACT, 1948, Section 47

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

(a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions.

and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

When such cases are brought to notice every effort is made to avoid compulsory powers and to resolve the problem by other means.

This year two cases were considered but it was not necessary to use the law in either case. One person was over 90 years of age and was adamant in her refusal to leave home. However, she was eventually persuaded to go into hospital. In the other instance, an elderly woman who was living alone and considered to be suffering from malnutrition took considerable persuasion before she would consent to enter hospital where she later died.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Health Services and Public Health Act, 1968, Section 60

The duties under this Act are no longer the responsibility of the Health Department but the Health Visitors still keep in contact with the Playgroup Leaders to advise on health matters, and the leaders often accept new toddlers into the group on the recommendation of the Health Visitors.

NURSING HOMES

Public Health Act, 1936, Section 187.

Nursing Homes Act 1963.

There were two nursing homes, one for fifty patients in Gorleston, and one for twenty-four patients in Great Yarmouth. The latter closed in December of this year. Both homes provided care mainly for the chronic sick, but the Great Yarmouth one also took post operative patients from the General Hospital. Routine inspections were carried out periodically by the Medical Officer of Health and the Director of Nursing Services who paid special attention to the standards of care given to patients, numbers and accommodation of staff and the standard of equipment.

MEDICAL EXAMINATION OF STAFF 1973

In May the use of a medical enquiry form was approved for new entrants to the superannuation scheme and for teachers transferring to local schools. Certain groups however, still require statutory examinations and the table below shows the numbers examined in 1973 :—

Entrants to the Superannuation Scheme	42
Teachers' first teaching appointments	10
Teachers' transfer to local schools	18
Teachers' College entrants	47
Firemen's Pension Scheme	12
Examination on behalf of other authorities	6
Examinations carried out by other authorities	—
P.S.V. Licence	19
Heavy Goods Licence	8
	<hr/>
	162
	<hr/>

CREMATORIUM

The Medical Officer of Health and the Deputy Medical Officer of Health act as Medical Referees to the Crematorium which is situated at Oriel Avenue, Gorleston. There were 1055 cremations authorised during the year.

The Chief Public Health Inspector's Report

F. T. PORTER, M.A.P.H.I., C.S.I.B., Chief Public Health Inspector

THE ENVIRONMENTAL HEALTH SERVICES

The first Public Health Act of 1848 resulted in an inspection of the town by W. Lee, who, in 1849, made an Enquiry into the Sanitary Condition of the Borough. The enquiry was directed towards the state of the houses, the extent of any sewerage and the supply of water. This latter commodity was obtained from wells, more than 1,500 and virtually all were contaminated. Many witnesses were called to give evidence, amongst them a Doctor William Burgess, the medical officer for the Northern District. He considered that the inhabitants of the cottages in the Rows would not use more than 3 or 4 pails of water a day even if a piped supply were to be provided. The Inspector hazarded the opinion that the inhabitants "must be either very idle or very dirty people" — to which Dr Burgess replied "They are both I assure you". Dr Burgess was himself dead of Typhus within a few months of giving his evidence.

The worthy citizens of the town, through their elected representatives fought hard to avoid the necessity of complying with the requirements of the Act (to install a proper water supply and sewerage system) and produced, in turn, their own views of the healthiness of the town in general and Mr Lee's report in particular. One paragraph I give below:

The extraordinary per centage of deaths among children under one year old, stated to be (Report, p.44,) "no less than 22½ per cent of all born in Yarmouth," is to be attributed to the very extensive use of Laudanum, Godfrey's Cordial, and similar deleterious drugs, a due allowance for which would greatly reduce the amount of preventible disease, and consequently tend to raise, in a like proportion, the average age at death of those who die from natural disease, age, &c.

Godfrey's Cordial, which was mentioned in the Medicine Stamp Act of 1812, was a mixture of many herbs and chemicals and included Brandy and a solution of Opium.

The general view of the Council may best be illustrated by their own summary:

That any advantages that might accrue to this Borough from the application of the Public Health Act, would fall very far short of Mr. Lee's anticipations, while it would inflict a burden upon our population that

Firstly—Would destroy a large portion of the value of real property;

Secondly—Ruin whole families who are living upon the surplus income of mortgaged property;

Thirdly—Drive from the town those owners of shipping property who, having no interest in the real property of the town, will be induced to reside where local taxation will be less oppressive.

Fourthly—*By which means hundreds of poor will be thrown out of employ, and become chargeable upon the parochial rates; and*

Fifthly—*Largely contribute towards the decay of a town once among the most flourishing sea-ports in the empire of Great Britain.*

EXTRACT FROM DR. AIREY'S REPORT TO THE LOCAL
GOVERNMENT BOARD ON THE SANITARY CONDITION OF
YARMOUTH, IN NORFOLK, OCTOBER 8. 1875

WATER-CLOSETS

In the sea-side quarter of the town, water-closets have been adopted to please visitors, and even in many of the poorer houses in that neighbourhood the facility offered by the main sewer has induced landlords to provide water-closets, usually of simple construction, and requiring to be flushed by hand. The Yarmouth Water Company has introduced, in connexion with a constant water-service, a very simple and safe arrangement of water-closet fittings, which at once secures the water from contamination and from waste. About 2,000 water-closets are thus furnished. The more general adoption of this arrangement in the well-sewered parts of the town is much to be desired.

PRIVIES

With the above exceptions, privies of the ordinary type are universal, having a single seat, without provision for children, over a small shallow pit of porous brick without cement; to be emptied when full, either by a trap in the floor or by an outside door about 12 inches square, opening into a back-yard or passage, or into the public footway, according to situation. In the Rows these square, strong-hinged, iron-clamped doors are a constant feature on either side of the path, and are generally so placed that any leakage or overflow from them trickles into the open gutter.

STAFF.

Throughout the year the establishment was one inspector short. Advertisements produced one applicant only who subsequently declined the post offered to him. The administrative staff was also below strength for part of the year. One shorthand typist resigned, and no applications were received to two advertisements. However a part-time appointment was made, which helped to bridge the gap.

Activities concerning the changes due on 1st April 1974 increased considerably, and meetings were held to obtain information covering the field of environmental health matters.

I would like to express my thanks for the support I received, to the Chairman and members of the Health Committee and also to the Medical Officer of Health.

Two problems of long standing public health importance are, I feel, especially worthy of mention.

The first one concerns the move of the coal depot from Ormond Road and Lawn Avenue. After long negotiations this took place in December to a new depot in the Runham Vauxhall area, on land forming part of the British Railways complex.

The second concerns the move of the two slaughterhouses from the Market Roads area of the town. The Council decided to go ahead with acquisition of a site on the Harfreys Farm Estate and to continue negotiations with the Great Yarmouth Meat Traders to try to achieve by agreement the removal of these two slaughterhouses to new premises on this site. Although at the end of the year the position showed little hope of a satisfactory conclusion, events since then have given rise for optimism, and it now seems likely that agreement between the Council and the new director of the Meat Traders can be achieved, and that these slaughterhouses will very soon cease to exist in the town centre.

LEGISLATION.

Apart from the apparently unending flow of circulars under the Offices, Shops and Railway Premises Act, which are mentioned in the section dealing with the Act, the new law was confined to food control measures.

The Separated Milk Regulations supplemented the existing Regulations relating to skimmed and semi-skimmed milk. They prohibit the delivery for sale for human consumption of separated milk other than semi-skimmed or skimmed milk delivered as such.

The Colouring Matter in Food Regulations took into account the E.E.C. directive on food colouring. They prescribe colouring matters and diluents combined with these which may be added to food sold for human consumption; their use is limited in or on certain foods specified. They prescribe also specifications of purity and advertising and labelling requirements for permitted colouring matters and diluents.

The Lead in Food (Amendment) Regulations restricted the amount of lead which may be present in food specifically prepared for babies and young children.

The Arsenic in Food (Amendment) Regulations amended the 1959 Regulations and extend exemption from arsenic limits already specified, to food for which the maximum content is prescribed by any other instrument made under the Food and Drugs Act 1955.

Under the Milk and Dairies (Semi-skimmed and Skimmed Milk) (Heat Treatment and Labelling) Regulations, these types of milk must be heat treated by Pasteurisation, Sterilisation or Ultra heat treatment before sale for human consumption. Containers in which this milk is sold shall be labelled in the prescribed manner.

The Milk and Dairies (Milk Bottle Caps) (Colour) Regulations specified colours for caps to milk bottles of the various designated milks and for lettering where this is used as an alternative or in addition to embossed wording upon the caps.

The Imported Food (Amendment) Regulations dealt with special provisions to apply after the 1st September to the importation of all fresh poultry meat, and red meat from E.E.C. countries. These imports are to be accompanied by health certificates in addition to the official certificates.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

The water is supplied by the East Anglian Water Company. The intake from the River Bure is at Horning, with an alternative intake situated at Belaugh for use when the salinity of the water exceeds the statutory limit or when the quality of the raw water at Horning is poor.

Pre-chlorination is used to control mussel growths in the pipes which take the water to the Ormesby purification plant. The process at the plant comprises $3\frac{1}{2}$ days storage, primary rapid filtration and secondary slow sand filtration or flocculation and filtration, both followed by chlorination.

The quantity of water supplied to the town was adequate and there were no restrictions imposed upon its use. The average daily consumption of 90 gallons per head was apportioned as domestic 39 and industrial 51. The maximum day's consumption was 8,121,000 gallons including supply to part of the area of Blofield and Flegg Rural District Council.

All dwelling houses in the Borough are supplied by the Company's mains. The records show a total of 19,526 domestic users.

Frequent chemical and bacteriological samples were taken from supply pipes and the results of all these were satisfactory. The average fluoride content of the water was 0.1 ppm.

SEWERAGE.

No change took place in the method of disposal, which was by discharge of sewage into the tidal water of the river Yare.

The Garrison Road pumping station was completed this year. Sewage from it was pumped into the river Bure after comminution.

Two major schemes for pumping stations to serve the Mariners Road area and the Southtown and Cobholm district were approved by the Minister. These will reduce the number of outlets to the river and will carry out comminution before discharge.

PUBLIC CLEANSING.

Collection of all refuse was carried out by the staff of the Borough Engineer's department. Disposal was by tipping on land at Cobholm, Caister Road and at an old railway cutting outside the borough boundary at Southtown.

On occasions the conditions at the Cobholm tip were not satisfactory. After discussions with members of the staff responsible, some improvements were effected.

The disposal of refuse will become a County Council function in the new local government structure in 1974. Land for tipping purposes is becoming more difficult to find in this district. I suggest this may be an opportune time to consider other more hygienic methods of disposal. From a public health point of view, incineration would be the most hygienic, but also the most expensive although, elsewhere, the available heat produced is put to good use.

The collection service was satisfactory and complaints were rare. From observations on the operation of the paper sack system, it is undoubtedly a great improvement and the extension of this system to cover the whole town is highly desirable.

Action was taken to secure new dustbins, where necessary. The collections of refuse continued to be once weekly, and were made more frequently upon request and payment for the additional service.

The staff continued to deal with the regular flow of complaints concerning dumping of all kinds of refuse on sites and in empty premises.

Street cleansing in the summer gave rise to problems in the holiday areas of the town where parked cars remained in the same position for a week or more. The extension of 'no parking' on roads in the town will help to alleviate this situation. The litter problem was caused by the public and by and large they appeared to show no concern so long as used articles and wrappings were dumped as soon as possible, anywhere.

Litter act proceedings taken by the police have done nothing to solve the problem.

COMMON LODGING HOUSES.

There are none in the town.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

Eight new Circulars from the Ministry of Labour were received during the year. New registrations of premises totalled 19 and the number of registered premises at the end of the year was 970.

Satisfactory progress was made by the staff in enforcement of the Act and 309 general inspections were carried out at premises to which it applied. In addition 875 follow up visits were made.

Informal action where contraventions were found, was sufficient to obtain compliance with the Act.

GENERAL SANITATION.

The following table shows the number of visits made during the year :—

TABLE A.

Nature of Visit or Inspection	No. of Visits
Atmospheric Pollution—smoke	193
Atmospheric Pollution-offensive smells	328
Caravans, Tents, Vans. etc.	172
Diseases of Animals	—
Drainage	1131
Dykes	98
Exhumations	—
Factories	134
Fumigation and Disinfection	—
Insect Infestation	29
Inquiries in cases of Food Poisoning	16
Miscellaneous Sanitary visits	317
Noise	255
Offensive Trades	47
Knackers Yard	3
Outworkers	—
Public Conveniences	347
Rodent Infestation	492
Refuse Accumulations	779
Refuse Collection and Disposal	84
Schools	9
Ships	18
Shops	79
Stables and Piggeries	93
Swimming Pools	53
Theatres and Places of Entertainment	15
Water Supply	3

FACTORIES ACTS, 1937 TO 1961.

The following tables show the work carried out. 134 inspections were carried out during the year. Legal action was not found necessary.

TABLE B.

Premises	No. on Register	Inspections	Written Notices	Prosecutions
(i) Factories in which Sections 1, 2, 3, 4, and 6 are enforced by Local Authorities	6	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	259	134	27	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworker premises)	—	—	—	—
Total	265	134	27	—

TABLE C.

Particulars	No. of Cases in which defects were		Referred by H.M.	Referred to H.M.	Prose- cutions
	Found	Remedied	Inspector	Inspector	
Want of cleanliness	4	4	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	4	4	—	—	—
Inadequate ventilation	1	1	—	—	—
Ineffective drainage of floors	1	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	16	16	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Total	27	26	—	—	—

OUTWORK

Nature of Work	No. of out- workers in Aug. List required by Section 133(1)(c)	Section 133		Section 134		
		No. of cases of default in sending lists to the Council	No. of prose- cutions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
Making, etc.	23	—	—	—	—	—
Cleaning and Washing	—	—	—	—	—	—
Total	23	—	—	—	—	—

OFFENSIVE TRADES.

Total number on the register	3
Tallow Melter	1
Tripe Dressers	2

Forty-seven visits were made during the course of the year to these premises.

SWIMMING POOLS.

The same number of pools were in operation during the year, as for 1972. These totalled nine and were as follows :—

Council owned	2
On school premises	5
At a Holiday Camp	1
At a Caravan Park	1

Continuous filtration and chlorination was provided by the plants at all these pools. Fifty-three visits were made during the summer season, and one hundred and six check tests were made by the Inspectors upon the water for chlorine content and for alkalinity.

Advice to the operators concerned was given where readings were found to be unsatisfactory.

Eleven bacteriological samples were taken and sent to the Public Health Laboratory. These were reported as satisfactory.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are no manufacturers of, or premises used for storing rag flock in the Borough.

Seven premises are registered as Upholsterers under Section 2 of the Act.

SANITARY CONDITION OF CINEMAS AND THEATRES.

Fifteen visits were made to the cinemas and theatres in the Borough and the sanitary accommodation and washing facilities were found to be adequate and well maintained.

ATMOSPHERIC POLLUTION.

One hundred and ninety-three visits were made. The need to take statutory action did not arise. Where complaints were found to be justified, they were dealt with by informal action. Three applications were received for approval of new chimney heights.

CARAVAN SITES.

The situation regarding the number of caravan sites in the town remained the same. They were as follows :—

Permanent Caravan Sites	3
Holiday Caravan Sites	3
Tent Site	1

During the year the staff made one hundred and seventy-two visits to these sites.

The sites were maintained in a satisfactory condition.

HOUSING.

(a) Individual Unfit Houses

Under the Housing Act 1957, thirteen houses were represented, and Closing Orders were made in respect of the same number. They were revoked in respect of five when works to render them fit had been satisfactorily completed. Approval in principal to offers to carry out works on eleven houses was given. A demolition order was made in respect of one house, and two houses already subject to Demolition Orders were demolished. Approval for use for storage purposes was given in one case. There was also one undertaking accepted that a house would not be used for habitation until works had been satisfactorily carried out to it.

(b) Clearance Areas

Demolition of houses in the Blackfriars Road Compulsory Purchase Order was completed during the year.

The Alma Road Compulsory Purchase Order was the subject of a public enquiry in February, and was confirmed by the Minister in June. In this Order 18 houses were represented and there were in addition, fifteen "gray" lands.

In February the first phase of the Market Roads Clearance areas was represented and the Council resolved to declare these as clearance areas.

Subsequently, due to objection to closure of part of South Beach Road, it was resolved that Compulsory Purchase Order be not made until such time as this closure could be achieved.

The Market Roads district is the last large area containing a high proportion of poor property in this town, and I hope that Clearance area procedure under Part II of the Housing Act will not be long delayed.

(c) Improvement Grants, Mortgage Advances and Qualification Certificates

Inspections made in connection with applications for the above were :—

Improvement Grants	264
Mortgage Advances	23
Qualification Certificates	47

1 Inspection of Dwelling-houses.

(i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	1098
(b) Number of re-inspections made for the purpose						2340
(ii) Overcrowding :—						
Number of houses inspected	...	...				19
(iii) Verminous houses :—						
Number of houses inspected	...	...				2

2. *Informal Action.*

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	887
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3. *Action under Statutory Powers.*

(A) Proceedings under Public Health Acts.

(i) Number of houses in respect of which notices were served requiring defects to be remedied ...	48
(ii) Number of houses in which defects were remedied after service of formal notices :—	
(a) By owners	56
(b) By Local Authority in default of owners	—

(B) Proceedings under the Housing Act, 1957.

(i) Number of houses rendered fit after the serving of notices under Section 9	—
(ii) Number of houses rendered fit under Section 16 ...	5
(iii) Number of houses rendered fit under Section 24 ...	—
(iv) Number of houses in respect of which Demolition Orders were made	1
(v) Number of houses in respect of which Closing Orders were made	13
(vi) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(vii) Number of houses in respect of which undertakings were accepted	1
(viii) Number of Local Authority houses certified unfit by the Medical Officer of Health	—
(ix) Number of houses demolished	41

NOISE ABATEMENT.

The number of visits totalled two hundred and fifty-five. Formal action was found necessary in one case and the noise, which was due to night work, then stopped. Other complaints were settled informally.

INSPECTION AND SUPERVISION OF FOOD

This section of the report deals with the inspection and sampling of food in the County Borough, which is at present the food and drugs authority, and covers all aspects of this work. After the 1st April 1974, the new Great Yarmouth District Council will be responsible for food fitness, imported foods and food complaints, but will not be responsible for the labelling and compositional aspect in relation to food sampling. This latter part of the work will be taken over by the new County

Councils but problems will arise where food fitness and food composition overlaps and it is clear that liaison between the staff of the District Council and the staff employed in this work in the County Council will be necessary. The District Council will remain responsible for the licensing of dairies, all bacteriological sampling and meat inspection. As the new district covers a larger area the work in this field will be increased, especially during the summer season.

The following details apply to the sampling and inspection of food during 1973 :—

A. MILK.

Most of the milk consumed locally came from the two local dairy processing plants. Visits were made to these dairies to check hygiene and efficiency of heat treatment and a general high standard was maintained. A third dairy supplied milk bottled and processed outside the Borough. This milk was brought in by refrigerated transport and sampling was carried out at the local depot to assess quality.

All milk sold in the town was heat treated by one method or another and no sales of untreated milk were recorded. Bottled pasteurised milk comprised the main bulk of the sales. Sterilized milk was sold in very small quantities and “Ultra Heat Treated” milk remained as a very small percentage of local sales.

Milk and Dairies (General) Regulations, 1959.

Number of premises registered for the distribution of milk 5

Milk and Dairies (Special Designation) Regulations, 1963.

Number of dealers licensed to sell prepacked milk 112
Number of dealers licensed to treat milk by pasteurisation 2

COMPOSITIONAL QUALITY OF MILK SOLD LOCALLY

Sampling of milk is carried out to ensure that the composition complies with the minimal standards laid down by Regulation. 72 samples were submitted to the Public Analyst during the year and the following is a summary of the results of analysis :—

	Fat %	Solids Not Fat %
Minimum Legal Standard	3.0%	8.5%
Highest	4.0%	8.90%
Lowest	3.25%	8.45%
Average	3.55%	8.637%

Channel Islands Milk :

Minimum Legal Standard	4.0%	8.5%
Highest	5.20%	9.29%
Lowest	4.60%	8.53%
Average	4.85%	8.97%

All the samples had a higher fat content than the legal minimum but one or two samples had a slightly lower solids not fat content. However, these samples were subjected to a further test (Hortvet Test) and it was proved by this freezing point method that no added water was present. In such cases the low figure is attributed to the physiological condition of the cow or its feeding and provided the composition of the milk is due to these reasons no legal action can be taken.

ANTIBIOTIC TESTING

As the vast majority of milk reaching the town dairies today is mixed milk from a number of farms collected by large tanker transport, sampling for the presence of antibiotics is best carried out by County Council officers at the farms since the presence of this drug is partially masked by the admixture of milk from numerous cows and farmers. However all the compositional samples were checked by the Public Analyst and in one sample of bottled milk 0.01 international units of penicillin were detected. It was difficult to take any action in this case as follow-up sampling is often too late. Any successful legal action could only be taken with Formal Sampling at the farm concerned.

BACTERIOLOGICAL QUALITY OF THE MILK CHECKED DURING THE YEAR

Seventy-four samples of milk were taken from local dairies for examination by the Public Health Laboratory. The following table gives the details of results :—

	Number Taken	Methylene Blue Test			Phosphatase Test	
		Passed	Failed	Void	Passed	Failed
Pasteurised Milk	49	45	4	4	49	—
Pasteurised Channel Island Milk	25	24	1	2	25	—

All the samples passed the phophatase test indicating satisfactory heat treatment but the five methylene blue test failures were all investigated at the dairies concerned. This resulted in action against those farmers supplying borderline quality milk and a check on plant hygiene including the efficiency of the bottle washing machine. Follow up samples proved satisfactory.

DAIRY HYGIENE

168 visits were made to the pasteurisation plants and dairies during the year. Washed milk bottles were taken from the washing machines and the bacteriological counts carried out by the Public Health Laboratory showed satisfactory results. The attention of the owners was drawn to minor points of repair and decoration needing renovation.

MILK DEALERS.

85 visits were made to various milk dealers and shops selling milk, and special checks were made in respect of applications for new licences issued under the Milk and Dairies Regulations.

MILK SUPPLIES – BRUCELLA ABORTUS.

As all the milk sold in the borough was of one or other of the special designations involving heat treatment, no samples were taken for testing for Brucella organisms.

B. MEAT INSPECTION.

The saga of the attempts over the years to resite the slaughterhouses has been given in previous reports. It is a strange quirk of fate that now produces a situation where the future of these premises is being discussed during the last days of the County Borough. Indeed, if the present plan succeeds and the slaughterhouses are resited, as seems likely, on the Harfrey's Farm Industrial Estate, it will come to pass when the new District Council is in being.

The two licences for the slaughterhouses were again renewed for 1973, and although the old buildings prevented any modernisation, meat hygiene was secured by the adoption of the necessary hygienic practices required by legislation – especially with regard to the cleansing and sterilisation of equipment.

Meat inspection took up a large proportion of the department's time, and staff carried out the statutory inspection of all carcasses and offal. The number of animals slaughtered was slightly lower than the previous year – mainly due to the higher meat prices – the rate of kill increased, however, during the latter part of the year as a result of a change in the directorship and policy of the Company. The rate of kill is likely to continue to increase in the future. The quality of the meat was again high, and unsound conditions found in the meat were no more than normal. There was no evidence of Tuberculosis in any beef carcass, although the 2.8% of pigs found affected by this disease was a slight increase on the 2.1% found last year. The whole carcasses condemned were of animals sent in for casualty slaughter. Abscesses in livers were the main cause of unsoundness in cattle, whilst ascaris parasitic inflammation and pericarditis were the commonest conditions encountered in the livers and hearts of pigs.

The following tables show the number of animals slaughtered during the year and the details of carcass or parts condemned.

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	1529	—	7	1170	6761	—
Number inspected	All	—	All	All	All	—
<i>All diseases except tuberculosis and cysticercosis :—</i>						
Whole carcasses condemned	1	—	—	2	3	—
Carcasses of which some part or organ was condemned	240	—	—	2	972	—
Percentage of the number inspected affected with diseases other than tuber- culosis	15.7%	—	—	5.8%	14.4%	—
<i>Tuberculosis only :—</i>						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	192	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	2.8%	—
<i>Cysticercosis :—</i>						
Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Details of Carcasses, parts of Carcasses and Organs surrendered.

	Tuberculosis	Other Causes
Cattle carcasses (excluding cows)	—	1
Cow carcasses	—	—
Pig carcasses	—	3
Calf carcasses	—	—
Sheep carcasses	—	2
Bovine heads	—	3
„ tongues	—	—
„ livers	—	152
„ lungs	—	47
„ udders	—	—

Bovine spleens	—	1
„ kidneys	—	9
„ skirts	—	1
„ hearts	—	3
„ mesenteric fats	—	3
„ tripes	—	—
„ tails	—	—
„ feet and legs	—	1
Pigs' heads	74	19
„ plucks	—	83
„ hearts	—	228
„ kidneys	—	20
„ livers	—	237
„ mesenteric fats	117	26
„ spleens	—	36
„ udders	1	2
„ lungs	—	246
„ feet and legs	—	75
Calves' heads	—	—
„ livers	—	1
„ kidneys	—	—
Sheep plucks	—	—
„ livers	—	—
„ hearts	—	—
„ spleens	—	—
„ heads	—	—
„ feet and legs	—	1
Beef	—	—
Pork	—	—
Mutton	—	—

CONTROL OF THE DISPOSAL OF UNFIT MEAT AND OTHER UNFIT FOODS.

Unless there are any special circumstances such as Anthrax, unfit meat from the slaughterhouses and butchers' shops is collected by special arrangement for sterilization at a local processing factory which is run in accordance with the provisions of the Meat Sterilization Regulations, 1959. This provides for effective local control. Other unfit foods are stained with green dye before being buried in the Council's Refuse Tip.

C. ICE CREAM.

With up to date methods of production and storage, the wrapped ice cream product presents little problem for public health officers. It is however, subjected to occasional checks. Because of the safety of the wrapped product the resources for sampling are mainly directed to the "open" ice cream of the softa-freeze type, sold during the summer season. Three local ice cream factories operated during the season

and inspection showed that the hygiene of plant and premises was satisfactory. A large number of retailers operated the continuous freezer machines and visits were made to interview all the operators concerned in order to stress the importance of efficient sterilisation of the equipment each day. Loose ice cream of conventional consistency was also sold from open conservators, and samples were also taken for bacteriological grading.

Thirty samples of ice cream were sampled and tested by the Public Health Laboratory, with mixed results, the details being as follows :—

Grade I	II	III	IV	Void
17	4	7	1	1

This means that nearly one third of the samples were unsatisfactory and the prolonged hot summer weather may have had some influence on the results. The unsatisfactory Grade IV sample was investigated and it appears that the servers used during the busy period received insufficient cleansing and sterilisation. The trader concerned received a warning on this matter. Investigations into the unsatisfactory Grade III samples showed a number of reasons for the result. One retailer had a machine breakdown and had handled parts in contact with the ice cream without further sterilisation. In another servery the conservator was positioned so as to allow the sun rays to pass through the transparent covers directly onto the ice cream, causing a temperature rise by the radiant heat. The other cases were the result of inadequate routine daily cleansing and sterilisation of the continuous freezer machines. In each case the traders concerned received a warning from the department. The sample declared void was due to the colour of the ice cream masking the reading of the Methylene Blue Test.

FOOD STANDARDS (ICE CREAM) REGULATIONS 1959.

One sample taken from proprietor as a result of a complaint that ice cream was being mixed, but analysis showed that the sample was genuine from the point of view of composition, consequently no action was taken in the matter.

Two other samples were taken for chemical analyses for complaints of tinny taste but this was not confirmed by analyses.

Routine samples were also taken for compositional analyses and the results were that the fat content varied between 5.2% which is just over the minimum, to 13%.

Solids not fat varied between 9% to 14.8%, which shows a considerable variation in composition but all were within the legal limit laid down by the above mentioned Regulations.

D. FOOD SAMPLES TAKEN IN ACCORDANCE WITH THE PROVISIONS OF THE FOOD AND DRUGS ACT, 1955.

In addition to the foods examined in the department by visual inspection, 261 samples of food and drink were taken over the year

for ananalyses by the Public Analyst in accordance with the provisions of the Food and Drugs Acts and Regulations.

As a result of analyses by the Public Analyst, 30 samples were found to be unsatisfactory which is 11.5%.

The following table gives details in respect of the samples found to be unsatisfactory and of the action taken by the department during the year.

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING UNSATISFACTORY OR NOT GENUINE

Article	Nature of Adulteration or Irregularity	Action Taken
Blue Cheese Salad Dressing	List of ingredients incorrectly presented on packet	Correspondence with manufacturer resulted in the agreed amendment to label.
Bearnaise Sauce	Contained monosodium glutamate but this was not given in the list of ingredients	Undertaking received from the importer to have a new supply of labels printed with the necessary correction.
Doll Instant Noodles with Wonton Soup Base	List of ingredients in letters smaller than the height required by the Labelling of Food Regulations, 1970	Imported food. Agreement made by the importer with manufacturer in country of production to amend label as requested.
Can of Garden Peas	Peas in an unsatisfactory condition, due to a fault in the can	Analysis showed the condition was probably due to the slight leak in the can. Checks were made on other tins of the same code which were satisfactory, and in view of the fact that the imperfection in the can was difficult to see before opening, the Public Health Committee decided to warn the local retailer of the offence.
Seedless White Grapes in Syrup	The words 'in syrup' in the appropriate designation are inconspicuous compared with 'Seedless White Grapes'	The firm concerned submitted amended labels for approval and on examination were found to comply with the Labelling of Food Regulations.
Vegetable Concentrated Food	List of ingredients not presented in the manner required by the Labelling of Food Regulations	Manufacturer agreed to alter the words of the ingredients as requested.
Mandarin Oranges in Light Syrup	Unfit for human consumption	Investigations at the local importers has shown that this large consignment had, on this occasion been improperly processed giving rise to fermentation. An undertaking was received from the importers to re-export the whole consignment to Spain.

Chicken Breast	Low in meat. List of ingredients incomplete	Matter taken up with manufacturers who stated that, as the can was intended for sale to a caterer, it exempted the product from the canned meat regulations which laid down the quantity of meat to be in a product of this nature. Investigation showed that this brought to light a 'loop-hole' in the regulations in that it was difficult to prove whether the product was intended for a caterer or for retail sale. This matter was referred to the Association of Municipal Corporations for investigation.
Thick Chicken Soup	Unsatisfactory appropriate designation. It should indicate that the product consists of the dry ingredients for making the dish named	Interpretation of 'appropriate designation' disputed; as an E.E.C. directive on soups to be considered in the near future the matter was left in abeyance.
Pea with Ham Soup	Appropriate designation inadequate, since it does not indicate that the food is dry mix for preparing soup	Manufacturers informed but disagree that designation is inadequate. As the same matter is being taken up against the firm by a neighbouring Authority the matter has been left pending the result of their action.
Figs	Infested with mites	Inspection of remaining stock at local shop showed remaining packets to be similarly affected. These constituted remaining stock from last year's Fig season and were all surrendered by retailer and destroyed. Warning notice given to retailer.
Muesli Base Cereal	Contained a splinter of wood	Attention of manufacturers drawn to this incident Apology received and also undertaking to thoroughly investigate the cause at the factory concerned.

Self-Raising Flour	Appropriate designation obscured by price tag	Central management of shop concerned issued further instruction to staff on the positioning of price tags so as not to obscure important wording on labels in future.
Table Water Biscuits	Unsatisfactory appropriate designation (Table Water without the word 'Biscuits' on the main panels of the label)	Manufacturers disputed that designation was unsatisfactorily exhibited but agreed to reconsider the matter when the next reprint of the labels takes place.
Sweetener Tablets	Saccharin did not comply with B.P. specification	Complainants physiological sensation not borne out by tests on same tablets. Manufacturers test showed that these tablets complied with the new B.P. specification although the new test does not apply until 1st December.
Pasteurised Milk	Sour, unfit for consumption, but impossible to say what was the condition and analysis of the original entire pint of milk	Allegations by complainant that milk had been made up with dried milk, but this was not possible to prove by analysis. No other complaint received.
Corned Beef	Contained 13 p.p.m. of zinc in excess of the recommended maximum of 50 p.p.m.	<div> <div></div> <div> <p>These samples were taken from a large consignment of imported Corned Beef. In consultation with the Department of Health and Social Security the excess zinc content was discussed with Ministry but it was decided that the consignment could not be held on this evidence alone.</p> </div> </div>
Corned Beef	Contained 78 p.p.m. of zinc compared with the recommended maximum of 50 p.p.m.	
Corned Beef	Contained 67 p.p.m. of zinc compared with the recommended maximum of 50 p.p.m.	
Sausages	Contained undeclared SO ₂	Notice given to retailer to replace Notice in conspicuous position near counter from which loose sausages are sold. This was carried out.

Chicken Noodle Soup	Consisted of dry ingredients for preparing soup. Should therefore be described as ‘Mix’	In view of the pending E.E.C. legislation allowing for the existing label the matter was left in abeyance.
Nor-Jax Tropical Fruit Cocktail	Incorrect description—should state “In Syrup”.	Matter taken up with manufacturers who stated that their firm were discontinuing the pack in question.
Lemonade	Appropriate designation not sufficiently conspicuous	Consultation with legal dept. resulted against proceedings being taken in this case but manufacturers agreed to re-consider the alterations of the label as requested if the product sold well as this was a new line.
Chocolate Blancmange Powder	Labelling irregularity. Words ‘chocolate’ and ‘flavour’ should be same size	Packers given notice to alter label accordingly.
English Cheddar Cheese	Sample had unacceptable taste and odour for Cheddar cheese	Investigation at the store concerned showed this to be an isolated incident and that the fast stock rotation ruled out possibility of old age. It appears to be an isolated incident probably due to the corner of the cheese being stored close to a radiator. Firm warned re storage conditions.
Duck with Orange Soup	Appropriate designation likely to mislead as to the proportions of main ingredients present	Matter taken up with manufacturer who disagreed that the labelling of Food Regulations had been contravened. Matter still being pursued with regard to composition and interpretation.
Liquid Fruit Pectin	List of ingredients too small	Manufacturer agreed to alter the size of the lettering on the label at the next printing, as requested.

E. OTHER FOODS.

The following unfit foods were surrendered to the department as a result of routine sampling, inspection, notification and complaint. Arrangements were made for all this food to be suitably stained by a green dye, before burial in the Council's refuse tip :—

Meat (Tinned)	367 tins
Milk/Cream	419 tins
Jam	48 jars
Fruit	2,132 lbs.
Vegetables	1,724 lbs.
Fish	126 stone
Soup and Juices	200 tins
Ham	667 tins
Meat	2,281 10 oz tins
Frozen Foods	4,074 pkts.
Flour	244 lbs.
Packet Foods	1,024 pkts.
Beverages	17 bottles
Cakes	16
Miscellaneous	29 items

FOOD COMPLAINTS.

Unless there is an agreed procedure laid down for liaison with the new County Council, the matter of dealing with food complaints by the new District Council may present problems. The new District Council will not deal with complaints relating to the composition and labelling of food. As fitness and composition of food overlap in certain cases some form of ruling should be laid down. During the year the department received sixty complaints with regard to the fitness of food and most of these complaints were received during the summer season. The highest number of complaints was of foreign bodies in food, and the next highest incidence was of decomposition. The nature of the conditions found was as follows.

Foreign Bodies

Sixteen complaints of extraneous matter in food and drink involving bottled pickle, bacon, egg custard, crisps, tinned soup, malt loaf, sliced peaches, sausages, milk, bread, sandwiches, jam sponge and frozen peas. Bristles from cleaning brushes, glass, cigarette ends, finger dressings – were some of the foreign bodies found in these foods.

Mould

Only four complaints of mould were received, which was surprisingly low for the hot summer season – the mould occurred in Scotch Egg, bread and cheese.

Decomposition

The thirteen complaints of this condition were found in corned beef, pork chops, smoked cod, whelks, poultry, fish, cheese, butter, Cornish Pasty and cold pork.

Insect Infestation

There were seven complaints with rice, bread, sauce, nuts and raisins, frozen peas and chicken involved.

Other complaints were with regard to the taste and smell of the foods concerned. In a case involving lard, the abnormal smell had resulted from the substance taking up odour from a refrigerant which entered the compartment as a result of a leak. The condition of a tin of corned beef was found to be caused by a minute hole in the can allowing air to enter thus causing decomposition. Four of the complaints were not found to be justified and it was noticed that on some occasions factors other than the nature and condition of the food had given rise to the reason for complaint, and appeared to have a psychological aspect.

All cases were investigated and followed through to the source of the fault, and manufacturers in nearly each case showed great concern. This resulted in quality control procedures in the factories being checked and tightened where necessary. Warnings were given to the firms concerned and in one case legal proceedings were taken.

LEGAL PROCEEDINGS.

Finger Dressing found in a can of imported peaches. This case was dismissed, although the magistrate emphasised that it was properly brought. As provided under the provisions of the Food and Drugs Act, the importer pleaded warranty. It was considered that this was invalid as the factory canning the peaches in the country concerned had in fact contracted out to another factory, and it was admitted in writing that the standards in this second factory were lower than their own. However, after a hearing of $1\frac{1}{2}$ hours the magistrate concluded that the importer had taken reasonable steps to ascertain the accuracy of the warranty. In view of the numerous visits to this factory by members of the importer's firm, it seems strange that they did not find out that their contract had been subcontracted out to another factory!

Unclean Restaurant Kitchen. This case was taken against a local restaurant proprietor after numerous warnings over a period of years that his premises did not comply with the food and hygiene requirements. This was a successful case and the proprietor was fined a total of £380 with £20 costs.

THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963.

No imports of this commodity occurred during the year, and it was thus not possible to take any samples for the purpose of these Regulations.

FOOD HYGIENE.

Notifications from the Magistrates' Clerk were again received in respect of alterations to licensed premises and of new licensed premises and inspections were made regarding the hygiene conditions. Where these were lacking the defects were brought to the attention of the Clerk. Routine food hygiene inspections were curtailed to some extent by staff shortage but all complaints were dealt with and inspections were directed to the types of premises likely to fall short of the required standards. Again, these standards fell short mainly during the peak holiday period when staff resources were stretched to cater for the peak work load. In most cases informal action brought about the necessary improvements but it was found necessary to resort to legal proceedings in one case. It was interesting to note that a complete transformation of the kitchen and preparation room was brought about, and a high standard was achieved by the prosecution – where repeated informal action had failed.

The following list gives the number of visits made to the various food premises with respect to Food fitness and hygiene of buildings :—

Bakers	126
Butchers	392
Confectioners	71
Dairies and Milk Dealers	228
Fishmongers	330
Greengrocers	179
Grocers	787
Hotels and Boardinghouses	78
Hostels	2
Ice Cream Premises	149
Ice Cream Vehicles	3
Imported Food Stores	441
Licensed Premises	157
Restaurants	387
School Kitchens	17
Slaughterhouses	1,196
Stalls	2,771

FOOD HYGIENE (GENERAL) REGULATIONS 1960.

The following information is included in accordance with the instructions contained in the Ministry of Health Circular 1/66 dated 11th January 1966 :—

Type of premises	Number of premises	Number of premises fitted to comply with Regulation 16 (wash-hand basins)	Number of premises to which Regulation 19 applies (facilities for washing food and equipment)	Number of premises fitted to comply with Regulation 19
Bakers and Confectioners	71	71	71	71
Canning factories	2	2	2	2
Butchers	42	42	42	42
Dairies and premises selling milk	114	114	114	114
Fishcurers	34	34	34	34
Flour Mills	2	2	2	2
Fried/Wetfish and Shellfish Mongers	75	75	75	75
Groceries and Provisions	60	60	—	—
Greengrocers	30	30	—	—
Ice Cream Manufacturers and Dealers	364	364	364	364
Potato Crisp Manufacturers	1	1	1	1
Potato Dealers	6	6	6	6
Public Houses and Licensed Premises	174	174	174	174
Restaurants and Cafes	169	169	169	169
Slaughterhouses	2	2	2	2
Tripe Dressers	2	2	2	2
Wines and Spirits	17	17	—	—

FROZEN FOODS

Visits were made to refrigerated grocery premises where breakdowns had occurred and in most cases the foods were condemned as unsaleable. Checks were again made on frozen poultry and, it was seen that most firms now print a warning on the label, instructing the consumer to thaw thoroughly before cooking.

POULTRY INSPECTION.

No poultry slaughter or processing plants exist within the boundary of this local authority.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

This function will be transferred to the Norfolk County on the reorganisation of local government. Owing to staff shortage no samples were received from consumers.

DISEASES OF ANIMALS ACTS

The following information has been obtained from the Diseases of Animals Act Inspector :—

ANTHRAX ORDER, 1938.

No cases of suspected anthrax were reported.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

Fourteen premises were licensed under this Order. Regular inspections were carried out.

SWINE FEVER ORDER 1963.

REGULATION OF MOVEMENT OF SWINE ORDER 1959.

SWINE FEVER (INFECTED AREAS RESTRICTIONS) ORDER 1958.

No cases of suspected swine fever were reported within the area of this local authority.

During the year 99 licences authorising the movement of 2,298 pigs were dealt with compared with 267 licences involving 3,267 pigs in 1972.

One hundred and nineteen visits were made to premises used for fattening pigs or bullocks or for keeping fowls, during the year.

IMPORTATION OF DOGS AND CATS ORDER 1928.

None were imported.

FOWL PEST ORDER, 1970.

No cases were reported.

FROM THE 1923 REPORT :

'THE WORK OF THE RAT OFFICER

This Officer's position is often misunderstood. He is not a rat catcher. Just as a Sanitary Inspector enforces certain provisions of various enactments relating to Public Health, so the Rat Officer enforces the provisions of the Rats and Mice (Destruction) Act. The Corporation have recently appointed an official Rat-catcher to work under the Rat Officer. It has been customary for many years for the Corporation to pay one penny per dead rat brought to my office. During the year, 2,712 were brought in this way.

RODENT AND PEST CONTROL

The organisation of this section has been much the same as in previous years. Unfortunately one of our four Pest Operatives (Mr M. Watker) had the misfortune to be involved in an accident on his way home from work on the 17th January 1973, and has not yet been fit enough to return to duty, we all look forward to seeing him fit again.

The service to the public did not suffer during this staff shortage, although routine treatment of the sewers and some inspection work had to be cut back to give time to complaints and more urgent work.

In October a new Pest Operative (Mr R. Whiley) was appointed and the section is back to full strength.

Mice were still the most time absorbing pest. Mouse proofing of Buildings and close co-operation between the Pest Control Section, and the Public Health Inspectors is the best and most sure way to eradicate these infestations.

The Chief Public Health Inspector instigated a weekend standby system with the Section. The names and addresses of the Pest Control Officer and his staff have been circulated to various Public Services. The General Public can now call in a Pest Operative for urgent calls 24 hours a day, seven days a week.

The staff made a total of over 7,899 visits and also carried out two sewer treatment programmes.

	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district	22,167	10
2a. Total number of properties (including nearby premises) inspected following notification	3,529	5
2b. Number infested by (i) Rats	391	3
(ii) Mice	576	—
3a. Total number of properties inspected for rats and/or mice for reasons other than notification	2,430	48
3b. Number infested by (i) Rats	197	15
(ii) Mice	221	1

BUSINESS PROPERTIES.

Regular visits have been made to all business premises under contract. Many other premises were dealt with on a straight charge basis. In all these cases advice has been given on vermin proofing. Inspections were made at other premises, and when necessary, advice on treatment and supervision of this has been given.

COUNCIL PROPERTIES.

Routine visits have been made to Council properties and special attention given to Schools and Old People's Homes.

REFUSE TIP.

Both Cobholm Tip and Harfreys Estate Tip have received regular visits. They are closed now for regular tipping, but the danger of rat infestation still exists, regular visits and baiting will therefore still be carried out for some time to come.

ALLOTMENTS.

No heavy infestations of rodents have been found on any of the allotments. Complaints of rabbits have been received in many investigations, and it has been found that they were suffering from myxomatosis.

SEWERS.

Two sewer treatments have been carried out, the first in early Spring the other in the Autumn. All manholes were treated with Fluoroacetamide.

AGRICULTURAL PROPERTIES.

Regular visits were made to all agricultural properties, treatments were carried out when infestations were found. None of these were heavy.

INSECT AND OTHER INFESTATIONS.

The list of complaints given below indicates the demand made for our services, in most cases treatment was given, in others advice only

There have been more complaints of Cockroaches in ships this year, and treatment has been given in each case. One complaint of cockroaches was received from a drilling barge out at sea. We loaned equipment and advised upon treatment. This could not be carried out by the staff because the barge was outside the Port area.

Ants	37
Bed Bugs	13
Bees	7
Blowflies	2
Book Lice	5
Clover Mites	2
Cockroaches	38
Crickets	2
Earwigs	3
Fleas	26
Flies	4
Flying Ants	2
June Bugs	2
Larder Beetles	3
Moles	25
Pharoah's Ants	2
Pigeons	57
Rabbits	58
Silver Fish	4
Slugs	2
Snakes	2
Sparrows	2
Starlings	1
Wasps	24
Premises and Ambulances fumigated	4

The Report of the Port Medical Officer

PORT OF GREAT YARMOUTH

INTRODUCTION.

This is the last port health report that I shall make under the existing system of Local Government. Port health functions will remain with the new Great Yarmouth District Council and the future administration will be carried out by the District Council's Public Health Officer. Medical advice will, however, remain available to the Port Authority through the offices of the "Proper Officer" who is also likely to be the District Community Physician within the reorganised National Health Service.

Since my appointment as Port Medical Officer the activity in the Port has greatly increased. Much of this increase has been due to the work associated with the North Sea oil and gas industries and the changes that have been brought about to the appearance of the Port over the last few years are self evident. There has also been a steady increase in the traffic of imported food. This has been due to the introduction of container vessels to the river, and there are now five such vessels sailing between Holland and Denmark and this port and operating a daily service.

Carcase meat appeared on the list of imports last year and an increasing quantity continues to pass through the port. This has created an equivalent increase in the need for inspection.

There were no instances of infectious disease within the area of the Port but several crew members arriving from infected areas were vaccinated and kept under surveillance. One stowaway was detected during the year but was retained on board ship and left with the vessel.

This report is compiled in accordance with Form Port 20.

EXTRACT FROM A REPORT OF 1849

'Yarmouth contains about 30,000 inhabitants; and from its extensive and prosperous trade, and many other advantages and privileges, may be considered the most flourishing port on that part of the coast.'

'The quay is said to rank the first in England for length and beauty of construction. Its centre is formed into a fine promenade or walk, planted on each side with trees.'

'The pier or jetty, formed of timber, runs out several hundred yards into the sea, with seats for the accommodation of the public. It is much frequented, not only by the visitors, but by the inhabitants themselves.'

Section I — STAFF

TABLE A.

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
R. G. NEWBERRY	Port Medical Officer	1.7.68	M.B., B.S., M.F.C.M., D.P.H.	Medical Officer of Health, County Borough of Great Yarmouth.
W. STEWART M.B.E.	Deputy Port Medical Officer	21.10.68	M.B., Ch.B., M.F.C.M., D.P.H.	Deputy Medical Officer of Health, County Borough of Great Yarmouth.
F. T. PORTER	Port Health Inspector	3.3.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Chief Public Health Inspector, County Borough of Great Yarmouth.
R. S. R. COLEMAN	Deputy Port Health Inspector	10.6.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Deputy Chief Public Health Inspector, County Borough of Great Yarmouth.
E. A. GOFFIN	Technical Assistant	19.5.69	B.O.T. Master's Certificate	None

ADDRESS AND TELEPHONE NUMBER OF THE MEDICAL OFFICER OF HEALTH.

Private :

6 Orde Avenue,
Gorleston-on-Sea,
Great Yarmouth,
Norfolk.
Tel : Great Yarmouth 61257.

Office :

Health Dept.,
Municipal Offices, Hall Plain,
Great Yarmouth, Norfolk.
Tel : Great Yarmouth 3233
Ext. 51.

**Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT
DURING THE YEAR**

The amount of shipping entering the district during the year increased over the previous year and the following table shows the amount of shipping and tonnage arriving at the Port during 1973.

TABLE B.

Nos. of Foreign and Coastwise Shipping		Net Registered Tonnage	Number inspected By the M.O.H. By the Inspectors		No. of Ships re- ported as having infectious diseases on board
Laden	1,984	729,218			
Ballast	165	46,622			
Repairs & Refuge	64	9,217			
Supply Vessels	3,109	590,485			
Totals	5,322	1,375,542	3	746	Nil

**Section III — CHARACTER OF SHIPPING AND TRADE DURING
THE YEAR**

PASSENGER TRAFFIC.

The passengers in the container vessels operating from the port comprised mainly drivers of the container vehicles. In some cases the driver and vehicle left this country through another port. Two of the container vessels however carried members of the public as passengers but these were few in number. Supply vessels used in connection with the North Sea Gas and Oil industry carried commercial passengers such as Rig crews, technicians and business men connected with the industry. Some of these left the area by air service or through other ports. The following table gives the number of passengers in and out of the port during 1973 :—

	Passengers In	Passengers Out
January :	648	228
February :	563	135
March :	569	503
April :	487	57
May :	736	157
June :	1,231	96
July :	1,033	149
August :	1,061	165

September :	873	135
October :	871	132
November :	537	13
December :	462	70
	<hr/>	<hr/>
Total :	9,071	1,840
	<hr/>	<hr/>

CARGO TRAFFIC.

The tonnage of cargo handled in the Port increased from 1,314,293 last year to 1,467,804 this year, an increase of 153,511 tons. The cargoes included fruit, vegetables, grain, meat, beverages, groceries, timber, wood pulp, fertilizer, chemicals, steel machinery, livestock, oil, machinery, cement, drilling equipment, steel pipes and salt. An increase in the container traffic was marked, there being a daily service between this Port and Holland and Denmark. An increasing amount of refrigerated containers were used in the import of frozen meat and offal. The total of cargoes handled during the year as recorded by the Clerk to the Port and Haven Commissioners is as follows :—

	Tons
Total Foreign Imports	455,234
Total Coastwise Imports	532,730
Total Foreign Exports	270,920
Total Coastwise Exports	1,796
NORTH SEA SEARCH	
Total Inwards	28,133
Total Outwards	106,397
TRANSIT CARGOES (YARE)	
Total Foreign Imports	35,100
Total Coastwise Imports	15,482
Total Foreign Exports	22,012
Total Coastwise Exports	—
	<hr/>
Total	1,467,804
	<hr/>

There was also a total of 15,904 head of livestock exported during the year.

PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.

Belgium—Antwerp, Ghent.

Denmark—Fredricksund, Copenhagen.

East Germany—Rostock, Wismar, Stralsund.

West Germany—Hamburg, Bremen, Cologne.

Finland—Kotka, Abo, Kemi.

Holland—Rotterdam, Amsterdam, Scheveningen, Maisluys.

Norway—Christiansund, Oslo, Trondheim, Drammen.

Sweden—Kalmar, Gothenburg, Larvik.

Poland—Stettin.

Section IV — INLAND BARGE TRAFFIC

There was no inland barge traffic during the year.

Section V — WATER SUPPLY

1. Source of Supply for the District and Shipping.

The East Anglian Water Company supplies water to the district and the same supply is connected to 60 hydrants used to water vessels in the Port. These hydrants are situated at convenient places on the quayside and the water enters the vessels direct from the mains supply. Four firms have tanks filled from the mains to store a sufficient quantity of water to enable faster loading of vessels' tanks. The hydrants are maintained by the Water Board staff but the tanks are the responsibility of the firms concerned.

2. (a) Reports of Tests for Contamination (District).

Monthly samples of water are taken by the East Anglian Water Board Staff and are submitted to the County Laboratories for analysis. The report on these samples showed the water to be pure, wholesome and suitable for drinking and domestic purposes.

(b) Report on Tests for Contamination (Shipping)

	No. of ships involved	No. of samples taken	No. satisfactory	No. un- satisfactory
Distribution aboard ships	—	—	—	—
Storage aboard ships	20	35	14	21

Complaints were received from members of the the crew on a number of occasions with regard to the taste of the drinking water on their vessels. These complaints were investigated and samples taken. The commonest cause of taste complaints was the presence of oil in the water. Thorough cleansing, chlorination and cement washing of the tanks where necessary was carried out as a result of action by this department. In one case the cause of oil pollution was found to be due to a cracked weld on a forward bulkhead allowing oil seepage into the water tank. Arrangements were made for repairs to be carried out before cleansing. Bacteriological sampling of ships cargo water tanks showed contamination on two occasions by B. coli and E. coli (type I). Cleansing and chlorination together with follow up samples were arranged in these cases. Owing to the use of supply vessels for various purposes, owners of these vessels are encouraged to have the drinking water tanks treated on a regular basis. Certificates are issued by the

department when tanks of vessels have received the required treatment.

Four tanks used to supply drinking water for the cargo water tanks of vessels are situated on the quayside and are owned by the ship operators concerned. Routine samples taken from these tanks were found to be satisfactory, but a fracture was discovered in the water main between the tank and the hydrant connection to the vessel in respect of one installation. Arrangements were made for this main to be repaired before any further supply of water was issued to a vessel and flushing and chlorination of the main after repair ensured that the supply was free from contamination.

3. Precautions taken against contamination of hydrants and hosepipes.

The hydrants were operated by the staff of the water company employed for this purpose. A set routine of flushing and chlorine sterilisation of the hydrant, stand-pipe and hoses was put into operation on each occasion before watering a vessel. Bacteriological samples of water taken from these hydrants by this department proved satisfactory.

4. Water Boats.

No water boats are used in the Port.

Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS,

1952 - 1970

1. List of Infected Areas.

Information regarding ports in Europe and on the Mediterranean coast is extracted from the World Health Organisation's weekly list, and a copy of this information is forwarded by post to the Waterguard Office of the local Custom House.

2. Radio Messages.

(a) Arrangements for sending permission by radio for ships to enter the district – Although Great Yarmouth is not a radio transmitting port, radio messages can be sent to ships through the Humber or North Foreland transmitting stations.

(b) Arrangements for receiving messages by radio from ships and for acting thereon – Arrangements for the receipt of radio messages are the same as for transmission. The telegraphic address is Portelth, Great Yarmouth.

3. Notifications otherwise than by Radio.

Messages are received by telephone from H.M. Inspector of Customs and Excise.

4. Mooring Stations.

(a) Within the docks – A berth will be made available, its situation being subject to conditions prevailing in the harbour at the time.

(b) Outside the docks – Yarmouth Roads anchorage.

5. Arrangements for :

(a) Hospital accommodation for infectious diseases (other than Smallpox – see Section VII) – Accommodation for infectious diseases other than smallpox is available at the West Norwich Hospital Isolation Unit.

(b) Surveillance and follow-up of contacts – The surveillance and follow-up of contacts is undertaken by the Port Health Inspector under the direction of the Port Medical Officer.

(c) Cleansing and disinfection of ships, persons, clothing and other articles – In case of infectious disease, disinfection is carried out by the staff of the local authority. Persons are cleansed and clothing and other articles are disinfected as required under arrangements made by the local authority.

Section VII — SMALLPOX

1. Name of Isolation Hospital to which Smallpox Cases are sent in the District.

Arrangements have been made with the Regional Hospital Board for any cases of smallpox occurring in the district to be sent to the Ipswich Smallpox Hospital, Foxall Heath, Ipswich, Suffolk. Tel. No. Kesgrave 2041 (047 362 2041), or any other nominated hospital.

2. Arrangement for Transport of Cases.

Arrangements for the transport of cases of smallpox would be made by the Medical Officer of Health directly with the Physician in Charge – Doctor D. F. van Zwanenberg or his Deputy, Doctor D. P. F. Embleton.

Dr. van Zwanenberg : Tel. No. Ipswich 77211 (0473 77211) or Kesgrave 3890 (047 362 3890).

Dr. Embleton : Tel. No. : Ipswich 77283 (0473 77283) or Witnesham 367 (047 385 367).

The ambulances and crews would be provided by the Ipswich County Borough Council. Arrangements for the use of these ambulances would be made through the Physician in Charge of the Ipswich Smallpox Hospital or his deputy. Disinfection of ambulances and the vaccinal state of the crews would be carried out by the Ipswich Authority.

3. Names of Smallpox Consultants available.

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.

4. Facilities for Laboratory Diagnosis of Smallpox.

Specimens for laboratory examination would be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

Section VIII — VENEREAL DISEASE

Great Yarmouth V.D. Clinic is situated in Churchill Road, and sessions at which merchant seamen can attend are held as follows :—

Mondays — 9.30 a.m. - 12 noon.

Wednesdays — 2.00 p.m. - 4.00 p.m.

In-patient treatment when required would be carried out under arrangements with the Regional Hospital Board.

Masters of vessels are requested to report any cases of venereal disease among the crew, and advice is given as to when and where treatment may be obtained. Information slips regarding the clinic are issued to masters and ships' agents.

Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS

TABLE D. — Nil.

No known cases of notifiable disease occurred in any vessel arriving at the port during the year. An inspection of all vessels from foreign countries is carried out soon after arrival and the health of the crew ascertained. When vessels arrive from countries in which smallpox is endemic the vaccination certificates of the crew are checked and arrangements made for vaccination or re-vaccination where necessary.

Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No known cases of malaria occurred among crews of vessels entering the Port during the year.

Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No ships infected with or suspected for plague entered the Port.

Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

1. Procedure for Inspection of ships for rats.

Ships arriving from foreign ports are subject to routine inspections, when sanitary conditions and the health of the crews are checked. At the same time the validity of the International Deratting or Deratting Exemption Certificate is checked. If this does not exist or is out of date a full inspection is carried out for evidence of rat infestation or harbourage, and in the absence of such evidence a deratting exemption certificate is issued by the Department.

2. Arrangements for Bacteriological and Pathological Examination of Rodents.

In the event of unexplained death of rats on a vessel or suspicion of disease attributable to rats, bodies would be collected by the rodent control staff of the department and sent to the Public Health Laboratory for examination. However, it was not found necessary to submit any specimens during the year.

3. Arrangements in the District for Deratting Ships.

Great Yarmouth is not a "Designated approved Port" for the deratting of vessels and the issue of certificates, and any vessel requiring such treatment would be directed to the nearest port approved for that purpose. Minor infestations, mainly of mice, are dealt with by the rodent control staff employed by the department.

4. Progress in Rat Proofing of Ships.

Vessels are checked for rat harbourage during the inspections carried out for the issue of deratting exemption certificates and owners are given notice to carry out rat proofing where necessary. The majority of vessels using the port are of modern construction and structural conditions for rat harbourage in these vessels are reduced to a minimum.

TABLE E.

Rodents destroyed during the year in ships from foreign ports :

Category	Number
Black Rats	Nil
Brown Rats	1
Unknown Species	Nil
Sent for examination	Nil
Infested with Plague	Nil

Rodents destroyed during the year in Docks, Quays, Wharfs and Warehouses in the Port :

Number of Black Rats	Nil
Number of Brown Rats	273

TABLE F.

Deratting Exemption Certificates issued during the year :

Total number of Exemption Certificates issued	131
--	-----

Prevention of Damage by Pests (Application to Shipping) Order 1951 :

A number of requests were received from the masters of coastwise vessels for Rodent Control Certificates issued under the above mentioned Order. After detailed inspection of the vessels by an inspector of this department 5 certificates were issued during the year. No treatment was found to be necessary on these occasions but staff are available in the department for such treatment if required.

Section XIII — INSPECTION OF SHIPS FOR NUISANCES

A full routine inspection of vessels arriving at the Port is carried out by staff of this Department and any sanitary defects found are brought to the attention of the Master or Owners. Most of the defects discovered were due to lack of maintenance and the following is a summary of the conditions found :—

Defect	No. of Instances
Refuse on decks of vessels	1
Meat from storm damaged food containers on deck	1
Leaking water pipes in crews' quarters	1
Cockroach and steamfly infestation of ships' galleys	2
Unclean food lockers	2
Defective galley sink	1
Unclean ship's hold containing food	1
Unclean water tanks	16
Defective leaking water tank	1
Unclean galleys	5
Unclean crews' quarters	6
Structurally damaged crews' quarters	1
Defective crews' sanitary accommodation	1
Defective officers' sanitary accommodation	1
Defective officers' sinks	1
Defective boiler to heating system	1
Nuisance from leaking oil pipes in crews' quarters	1

In each case the defect was brought to the attention of the Master and Owners. As a result of this informal action the necessary maintenance work was carried out as was shown by follow up inspections. In one or two cases the vessels left port and it was not possible to carry out the necessary follow-up action. Although cockroach infestation of crews' quarters was encountered on comparatively few occasions on vessels of modern construction it did occur when vessels took on supplies, especially from African ports. This appeared to be the reason for the infestations recorded above.

The following table shows the number of inspections and the number of notices served :—

TABLE G.

	No. of inspections	Informal Notices served	Number of Nuisances Abated
British Ships	287	44	33
Foreign Ships	459	21	13
British Fishing Vessels	—	—	—
Total	746	65	46

Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948.

There are no shell fish beds within the Port area.

Section XV — MEDICAL INSPECTION OF ALIENS

Great Yarmouth is not an approved Port for the landing of Aliens.

Section XVI — MISCELLANEOUS

DEATH ON BOARD SHIP.

In cases of death aboard any vessel arriving at the Port the body would be removed to the Council Mortuary and interment made according to circumstances. No deaths occurred on vessels arriving at the Port during the year.

NOISE ABATEMENT ACT, 1960.

Complaints were again received by the Department of noise nuisances from vessels using the port, especially at night. This was partly due to the geographical situation of the port which runs through various residential areas of the town. However the main cause of the noise nuisances was the generator motors used on the North Sea supply vessels the noise from which is particularly noticed at night. The matter has been taken up with the Port and Haven Commissioners with respect to berthing these vessels in the parts of the port away from residential dwellings, but this is not always possible owing to the large number of vessels using the port. Other action taken by the Department has included the serving of notices on the owners of the vessels to effect a greater measure of silencing the exhaust equipment of the generator motors concerned.

Very few complaints are received in respect of smoke nuisances from vessels using the port, but complaints were again received in respect of an older vessel using steam. This matter was dealt with by informal action.

FOOD INSPECTION

PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937-1968

Five container vessels operating from Denmark and Holland increased the volume of food imports during the year. Three vessels arrived at the Port each day with cargoes comprising vegetables, groceries, chilled and frozen meat, fish and canned foods. Emphasis in container inspection was directed to the chilled and frozen meat imports but as this meat came on the longer route from Denmark, arrival times depended on weather conditions. Owing to staff limitations it was not possible to inspect all meat consignments but notification procedure to the inland authority was adhered to in accordance with the provisions of the regulations. Food found unfit was surrendered to this department and was burned on the Council refuse tip under supervision, however, most of the food inspected was found to be of good quality. The cases of unfitness were due to damage at sea or by the unloading operation. Vegetables and fruit affected with moulds and bruising appeared to be due to adverse storage conditions. All the meat inspected had establishment numbers indicating that the consignments came from approved sources.

The total number of food inspections carried out by staff of the department was 441. 56 samples of food were taken. 12 were submitted for bacteriological examination, 15 for the presence of chemical or pesticide residues and 29 for general analysis by the Public Analyst. The following table shows the nature of the samples taken and the results :—

Product	No. submitted	Result of Analysis
Chopped Ham and Pork	1	Genuine
Boneless Cooked Skinless Ham	1	Genuine
Apricot Halves	1	Genuine
Fruit Cocktail, in Syrup	1	Genuine
South African Grapes	1	Genuine, no significant amount of pesticide
Boned Chicken in Jelly	2	Borderline meat content
Dutch Cucumbers	4	Genuine, no significant amount of pesticide
Corned Beef	3	All not genuine
Corned Mutton	1	Genuine

Pork Luncheon Meat	2	Genuine
Evaporated Milk	1	Genuine
Oranges	1	Genuine, no significant amount of pesticide
Carrots	1	Genuine, no significant amount of pesticide
Australian Apples	1	Genuine, no significant amount of pesticide
Sweet and Sour Cocktail	1	Genuine
Prague Ham	1	Genuine
Ox Tongue in Jelly	1	Genuine
Dutch Lard	1	Genuine
Chopped Chicken and Ham in Chicken Jelly	1	Genuine
Chicken Breast	1	Not Genuine
Fruit Salad in Syrup	1	Genuine
Apple Sauce	1	Genuine
Dutch Tomatoes	1	Genuine, no significant amount of pesticide
Jaffa Grapefruits	1	Ditto
Dutch Onions	1	Ditto
South African Apples	1	Ditto
Spanish Oranges	1	Ditto
Edam Cheese	1	Genuine
Chopped Braised Pork Kidneys	1	Genuine
Irish Stewed Steak	1	Genuine
Mandarin Oranges	4	Not Genuine
Dutch Lettuce	1	Genuine, no significant amount of pesticide
Dutch Apples (Cox's)	1	Genuine, no significant amount of pesticide

Bacteriological Samples

Boneless Chicken in Jelly	2	Genuine
Chopped Chicken and Ham with Chicken Jelly	1	Genuine
Chopped Braised Pork Kidneys in Gravy	1	Genuine
Pork Luncheon Meat	1	Genuine
Corned Beef	7	Satisfactory

The ten corned beef samples were part of a consignment which were suspected of having faulty can seams. Extensive checks on the large consignment showed only one or two cans were unfit. All the seven bacteriological samples were declared satisfactory but the three chemical samples were found to have a zinc content in excess of the recommended limit of 50 p.p.m. As the Ministry were involved with the establishment concerned, information of the sample results was

passed to them for comment. However, the zinc content was not considered sufficient to warrant condemnation of the large consignment.

The canned sample of chicken breast was found to be low in meat content as specified in the canned meat regulations. The matter was taken up with the manufacturer who stated that the product was intended for a caterer which exempted them from the provisions of the regulations. Difficulty in proving this intention pointed to a possible loop-hole in the regulations and the matter was referred to the Association of Municipal Corporations.

The sample of mandarin oranges was taken from a large consignment and it was concluded that this consignment had been improperly processed at the canning factory in the country of origin which gave rise to fermentation of the contents of the cans. An undertaking was received from the importers to re-export the whole consignment to the country of origin.

The Report of The Principal School Medical Officer

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION AUTHORITY OF GREAT YARMOUTH

Municipal Offices,
Great Yarmouth.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the work of the School Health Service for the year 1973.

The number of pupils on the registers increased once more to give a new total of 9,182. There has been a steady increase since 1967 and the figures are now almost back to the numbers on the registers at the beginning of 1960.

There has been much speculation during the year as to the future of the School Health Services, but a recent circular (HRC (74) 5) covers the matter in considerable detail. Essentially, there will be a complete unification of all child health services and the circular deals, by section, with :—

1. Community services for pre-school children.
2. School health services.
3. Hospital and specialist services for children.
4. Other matters relating to children's health services.
5. Staff for Child Health Services at Area and District levels.

In so far as the School Health Service is concerned, Area Health Authorities will be responsible for the medical and dental inspection and treatment under Section 3 of the National Health Service Reorganisation Act, 1973. They will also have a duty under section 11 of the Act to make available to local education authorities the staff and services required for their continuing responsibilities under Section 34 of the Education Act, 1944, for the ascertainment and special education of handicapped pupils. Staff and services will also have to be made available in a similar way for certain other functions required by statute which will remain the responsibility of local education authorities. These include Sections 54 and 59 of the Education Act, 1944; Section 37 of the Children and Young Persons Act, 1963; the Education (Milk) Act, 1971; and the medical supervision of entrants to Teacher Training Colleges and of Teachers.

Health Education within the school curriculum will be the responsibility of local education authorities and schools. There is, however, an important continuing role for school health services' staff in par-

ticipating with teaching staff in the planning and presentation of health education programmes, which may involve parents as well as pupils, and in advising pupils and their parents individually. This will be a matter for close liaison between area health authorities and local education authorities.

For pupils now at school there will, therefore, be little change in the provision of services apart from one or two administrative details. The Act, however, allows for considerable development in the overall care of the young person and can, with the form of planning envisaged, produce considerable benefit to both staff and pupils.

I wish to express my thanks to the Education Committee for their support during the year, to the Chief Education Officer and his staff and to the Head Teachers of all the schools for their assistance and co-operation.

I have the honour to be,

Your obedient servant,

R. G. NEWBERRY,

Principal School Medical Officer

EDUCATION COMMITTEE

1973 - 1974

COUNCIL MEMBERS

Chairman :

Councillor Mrs. C. BATLEY

Members :

Alderman Mrs. K. M. ADLINGTON, M.B.E., J.P.

Alderman A. W. ECCLESTONE, J.P.

Alderman J. G. HADDEN

Alderman H. D. McGEE

Alderman J. P. WINTER

Councillor R. A. BELDEN

Councillor L. F. BUNNEWELL

Councillor Mrs. I. E. HARRIS

Councillor H. R. HUDSON

Councillor D. J. MADDEYS

Councillor Mrs. B. M. J. MILLS

Councillor Mrs. G. L. PEARSON

Councillor Mrs. J. I. TORNE

NON-COUNCIL MEMBERS

Mrs. V. F. BELL, J.P.

J. CANNELL, Esq.

The Reverend C. J. EAMAN (from 1.9.73)

The Reverend Canon D. HOLT, B.A.

Miss M. J. JOHNSON, M.B.E., J.P.

The Reverend R. J. MANLEY

R. PACKARD, Esq. (to 17.10.73)

The Reverend J. D. ROBINSON (to 31.8.73)

STAFF OF SCHOOL HEALTH SERVICE

Principal School Medical Officer :

R. G. NEWBERRY, M.B., B.S., M.F.C.M., D.P.H.

School Medical Officers :

MARGARET R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.
(to 4.11.73)

W. STEWART, M.B.E., M.B., Ch.B., M.F.C.M., D.P.H.

G. St. J. A. STEWART, M.B., Ch.B., D.A., D.Obst.R.C.O.G.
(part-time from 30.1.73)

Principal School Dental Officer :

B. C. CLAY, L.D.S., R.C.S.

School Dental Officer :

HELGA BLAKE, L.D.S., R.C.S. (Eng.)

Ophthalmologist (part-time) :

DOROTHY K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

Consultants (East Anglian School) :

Ear, Nose and Throat—

S. C. STYLIS, F.R.C.S. (to 31.1.73)

A. D. COULDERY, F.R.C.S. (from 1.2.73)

Ophthalmic—P. J. L. HUNTER, M.B., Ch.B., D.O.M.S.

Educational Psychologist :

V. S. VASISHTA, M.A., Ph.D. (Lond.), M.A., B.Ed., Dip.Ed.Psych

Speech Therapist (part-time) :

Miss J. RUTT, L.C.S.T.

Director of Nursing Services :

Miss G. C. MOORE, S.R.N., S.C.M., Queen's Nurse, H.V.cert.

School Nurses :

Miss D. IRELAND, S.R.N. (full-time)

Mrs. J. FERNANDEZ, S.R.N. (part-time)

Chief Clerk : A. G. SHOOBRIDGE (to 30.9.73)
P. J. HARRISON (from 1.9.73)

Senior Clerk : P. J. HARRISON (to 31.8.73)
Mrs. S. J. GOODRUM (from 1.10.73)

Clinic Clerk : Miss E. COOPER (to 12.9.73)
Miss J. M. CRANE (from 13.9.73)

Dental Surgery Assistants :

Miss B. BOYES

Mrs. E. J. GEORGE

Miss D. HUDSON (part-time)

SCHOOL ATTENDANCE

The number of pupils on the registers in January 1973 was 9182, an increase of 74 on the previous year's total.

The total number of pupils on the school registers in January of each year since 1964 was as follows :—

1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
8734	8691	8604	8566	8725	8754	8695	8861	9108	9182

Average numbers on books and average attendance for the year ended 31st March 1973 :—

PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Infants :</i>				
Cliff Park	240	195	184	94
Stradbroke	200	176	162	92
Peterhouse	280	259	239	92
Herman	240	169	156	92
Wroughton*	310	285	262	92
Edward Worlledge	120	149	134	90
Cobholm*	150	140	128	91
Greenacre	240	125	116	93
St. George's	200	178	165	93
Northgate/St. Andrew	160	131	124	95
Alderman Swindell	280	274	255	93
	2420	2081	1925	93

*including Nursery Class (30)

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Juniors :</i>				
Cliff Park	480	462	435	94
Peterhouse	480	389	365	94
Herman	320	280	266	95
Wroughton	480	451	426	94
Edward Worlledge	320	281	263	94
Greenacre	240	199	188	94
Nelson	240	214	199	93
North Denes	320	323	313	97
	2880	2599	2455	94

SECONDARY SCHOOLS

Alderman Leach	420	397	359	90
Claydon	420	408	379	93
Cliff Park	420	429	400	93
Greenacre	360	216	195	90
Styles	300	282	253	90
Hospital	360	278	250	90
Yarmouth Grammar	620	546	517	95
Gorleston Grammar	610	534	509	95
Oriel Grammar	680	661	613	93
	4190	3751	3475	93

VOLUNTARY SCHOOLS

Priory	320	335	317	95
St. Mary's R.C.				
Junior	120	115	106	92
Infants	80	64	58	91
St. Edmunds				
Sec. Mod.	150	155	141	91
	670	669	622	93

SCHOOL MEDICAL INSPECTION

SELECTIVE MEDICAL EXAMINATION OF PUPILS

The revised scheme for the medical examination of pupils was introduced in 1970 and my report for that year gave details of its administration and operation. The medical inspection of pupils in Junior and Secondary schools is, to some extent, optional and the percentage of requests for examination rose slightly in the Junior schools and fell in the Secondary schools. The percentage of refusals, however, fell slightly in both types of school.

The tables below and on the following pages provide statistical information on both the inspection of pupils and the scrutiny of the returned forms :—

Routine Inspections

	Examined	Examination not required
Entrants	762	—
Intermediate	510	232
Secondary leavers	341	461
	<hr/> 1613 <hr/>	<hr/> 693 <hr/>

Other Inspections

Special inspections	53
Re-inspections	59
	<hr/> 112 <hr/>

Regular visual checks are now being carried out following the acquisition of a second Keystone Vision screener. Both sides of the river have their own instrument.

Pupils found to require treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected by year of birth	For defective Vision	For any other conditions	Total individual pupils
1969 and later	6	29	31
1968	13	32	36
1967	5	12	15
1966	—	3	2
1965	—	—	—
1964	1	1	2
1963	—	—	—
1962	24	39	52
1961	12	20	26
1960	—	—	—
1959	—	—	—
1958 and earlier	28	37	59
Totals	107	173	223

Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	47	6	—	1
Eyes :—				
Vision	103	107	16	4
Squint	29	8	1	—
Other	7	1	—	—
Ears :—				
Hearing	2	11	5	1
Otitis Media	6	4	1	1
Other	2	—	—	—
Nose and Throat	24	24	—	1
Speech	6	9	3	—
Lymphatic Glands	—	—	—	—
Heart	1	5	—	—
Lungs	20	8	1	1
Developmental :—				
Hernia	1	2	—	—
Other	5	9	—	4
Orthopædic				
Posture	8	2	—	—
Feet	22	6	—	—
Other	8	8	2	—
Nervous system :—				
Epilepsy	4	2	—	—
Other	—	1	—	1
Psychological :—				
Development	2	9	3	1
Stability	—	3	—	1
Abdomen	—	1	—	—
Other	2	3	—	1

Attendance of Parents

Parents are invited to be present at the inspections at appointed times in order to avoid unnecessary waiting. Attendance of parents followed the usual trend of being high for entrants, slightly lower for the intermediate examinations and much lower for the leavers. The following table shows the percentages of attendances for the last ten years.

Parents attending the examination %										
	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Entrants	94	95	99	96	96	96	92	92	95	93
Intermediate	83	79	79	80	77	78	67	80	64	74
Leavers	16	16	17	12	18	12	7	8	15	12

Physical condition of pupils inspected

When the School Medical Officer has finished his examination of the child at the medical inspection, he is asked to record his opinion about the child's physical condition. Following the recommendation of the Department of Education and Science the health of the child is described as either "satisfactory" or "unsatisfactory". It should be remembered that this assessment is based on the clinical opinion of the Medical Officer and that there is no absolute standard.

Year	No. of pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1973	1613	1613	100.0	—	—
1972	1686	1686	100.0	—	—
1971	1568	1568	100.0	—	—
1970	1585	1585	100.0	—	—
1969	2317	2317	100.0	—	—
1968	1543	1543	100.0	—	—
1967	2579	2579	100.0	—	—
1966	1979	1979	100.0	—	—
1965	2301	2301	100.0	—	—
1964	2371	2362	99.6	9	0.4

Hearing Defects

Pupils suspected of suffering from hearing defects may be detected at school medical inspection or, more commonly, referred by Teachers or Parents, who have the children for longer periods of observation. They are all tested on a pure tone audiometer to assess the degree of hearing loss. The Medical Officer responsible for this service also works in close collaboration with the Speech Therapist, and cases are referred from the latter in order to eliminate the possibility of the fault in speech being due to a hearing defect.

FORM ANALYSIS

Forms returned to the schools by parents after completion were scrutinised and assessed as "Completed", that is, all questions answered; and "Not completed" where there were omissions. The following figures, expressed as percentages, are similar to those obtained last year and indicate a fairly high degree of acceptability.

Infant Schools	Form returned %	Completed %	Not completed %
Alderman Swindell	97.5	84.5	15.5
Cliff Park	100.0	97.7	2.3
Cobholm	91.8	84.4	15.6
Edward Worlledge	100.0	92.3	7.7
Greenacre	100.0	80.4	19.6
Northgate	98.1	86.5	13.5
Peterhouse	93.6	81.8	18.2
St. George's	97.2	92.9	7.1
St. Mary's	94.4	88.2	11.8
Stradbroke	97.2	87.1	12.9
Wroughton	100.0	83.1	16.9
Herman	92.7	92.1	7.9
Average	96.8	87.5	12.5

Junior Schools	Form returned %	Completed %	Not completed %
Cliff Park	98.1	87.5	12.5
Edward Worlledge	96.8	93.3	6.7
Greenacre	96.2	88.0	12.0
Herman	96.4	82.7	17.3
Nelson	98.1	92.2	7.8
North Denes	98.8	88.6	11.4
Peterhouse	92.9	91.2	8.8
Priory	98.8	91.3	8.7
St. Mary's	100.0	95.2	4.8
Wroughton	100.0	81.3	18.7
Average	97.6	89.1	10.9

Secondary Schools	Form returned %	Completed %	Not completed %
Alderman Leach	97.4	92.1	7.9
Claydon	92.6	80.0	20.0
Cliff Park	95.7	81.1	18.9
Greenacre	60.3	90.2	9.8
Hospital	90.3	84.6	15.4
Styles	79.2	77.5	22.5
St. Edmund's	100.0	92.9	7.1
Yarmouth Grammar	98.3	87.7	12.3
Gorleston Grammar	93.5	97.2	2.8
Oriel Grammar	96.8	86.1	13.9
Average	90.4	86.9	13.1

The parents of school entrants are invited to discuss specific problems with the school doctor, and the percentages of those who indicated this desire on the returned forms are given in the following table. Form S.M.1 asks specifically if the parent will be attending the examination and the table includes the answers given. Inevitably, some parent will be prevented from attending on the day of the inspection, and this is reflected in the difference between the 96.6% who expressed an intention to be present, and the actual attendance percentage of 93.

Infant Schools	"Matters to discuss"	"Will attend"
Alderman Swindell	16.4	93.9
Cobholm	11.1	100.0
Edward Worlledge	25.0	100.0
Greenacre	17.9	94.6
Northgate	9.6	100.0
Peterhouse	13.6	97.7
St. George's	27.1	94.9
St. Mary's	52.9	94.1
Stradbroke	12.9	98.6
Wroughton	18.1	95.2
Cliff Park	15.3	96.5
Herman	12.7	93.7
Average	19.3	96.6

The parents of junior and senior leavers are invited to request a full medical examination of their children. Conversely, they can also ask that no examination be carried out. The results are given in the following tables :—

Junior Schools	Examination requested %	Examination refused %
Cliff Park	55.8	14.4
Edward Worlledge	53.3	21.7
Greenacre	66.0	11.1
Herman	70.4	11.1
Nelson	72.6	7.8
North Denes	67.1	8.9
Peterhouse	65.9	12.1
Priory	53.8	13.8
St. Mary's	71.4	4.8
Wroughton	98.9	—
Average	67.5	10.6

Secondary Schools	Examination requested %	Examination refused %
Alderman Leach	46.1	36.8
Claydon	52.9	47.0
Cliff Park	36.7	23.3
Greenacre	68.3	9.8
Hospital	52.3	27.7
Styles	37.5	32.5
St. Edmund's	43.7	26.8
Yarmouth Grammar	24.6	40.4
Gorleston Grammar	27.8	30.6
Oriel Grammar	32.2	28.9
Average	42.2	30.4

Visual defects are assessed statistically by reference to the answers given to the question "Have glasses ever been prescribed?" on Form S.M.2. The results show that there is some variation between schools, although the results taken over one year are not statistically significant. There is, however, a difference between the figures for the Junior Schools and the Senior Schools.

Junior Schools	Glasses prescribed %	Senior Schools	Glasses prescribed %
Cliff Park	18.3	Alderman Leach	11.8
Edward Worlledge	11.7	Claydon	18.0
Greenacre	10.0	Cliff Park	13.3
Herman	14.8	Greenacre	24.4
Nelson	17.7	Hospital	16.9
North Denes	3.8	Styles	18.8
Peterhouse	17.6	St. Edmunds	14.1
Priory	17.5	Yarmouth Grammar	49.1
St. Mary's	9.5	Gorleston Grammar	30.6
Wroughton	9.4	Oriel Grammar	26.7
Average	13.03	Average	22.37

Form S.M.2 allows a choice of preferred employment on leaving school to be inserted. The figures are only of relevance on the forms completed in respect of school leavers, although it is sometimes of interest in the case of pupils at Junior Schools. The results are classified in the following table :—

	Employment stated %	Not known %	Left blank %
Alderman Leach	43.4	15.8	40.8
Claydon	36.0	26.0	38.0
Cliff Park	32.2	15.6	52.2
Greenacre	43.9	22.0	34.2
Hospital	30.8	27.7	41.5
Styles	41.3	20.0	38.8
St. Edmund's	39.4	19.7	40.8
Yarmouth Grammar	31.6	29.8	38.6
Gorleston Grammar	19.4	25.0	41.1
Oriel Grammar	32.8	26.1	55.6
Average	35.08	22.77	42.16

HEIGHTS AND WEIGHTS

I have discontinued the usual tables which have become statistically meaningless since the advent of the Selective Medical Inspection Scheme and the raising of the school leaving age. I have substituted, since this is partly a historical publication, figures relating to pupils in schools in 1905. The information is contained in correspondence between F. W. Wroughton, the Clerk to the Education Committee and Dr. Beech the Medical Officer of Health. The 1973 figures are added for purposes of comparison.

	Year	No. in Group	Age	Average Height	Average Weight
GIRLS					
	1905	456	11-12	54 ins.	66 lbs.
	1973	112	11 $\frac{1}{4}$	56.5 ins.	81.4 lbs.
BOYS					
	1905	457	11-12	54 ins.	67.5 lbs.
	1973	140	11 $\frac{1}{4}$	56.4 ins.	83.8 lbs.

TREATMENT

There are two school clinics in the Borough, one in Greyfriars Way, Great Yarmouth, and the other in Trafalgar Road East, Gorleston-on-Sea. Clinic sessions are held on each school day at the Yarmouth Clinic and on alternate days during the holidays. At the Gorleston Clinic the sessions are held every day unless the School Nurse is at a school. There are, however, always three sessions a week on alternate days, and where necessary a child can be seen on any day by prior arrange-

ment with the Clinic. A doctor is in attendance once weekly at both Clinics and at other times the sessions are held under the direction of a Health Visitor or School Nurse.

These Clinics are primarily for the treatment of minor ailments and skin diseases such as cuts, abrasions, septic spots and warts. Some general practitioners refer their patients to the Clinics for the treatment of such conditions.

The Clinic sessions are also used for the special inspection of children referred by parents or head teachers and for the re-inspection of children in whom defects were discovered at a previous inspection.

The number of attendances at the Clinics for all purposes except errors of refraction for each of the past four years was as follows :—

	1973	1972	1971	1970
Great Yarmouth	572	477	534	468
Gorleston	899	808	952	930
	<hr/>	<hr/>	<hr/>	<hr/>
Total	1471	1285	1486	1398
	<hr/>	<hr/>	<hr/>	<hr/>

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

The treatment of minor skin diseases continued to form a large part of the work among school children, and a total of 327 pupils were known to have been treated compared to 328 last year. Of these cases, 128 were treated at hospital and 199 at the Clinics. Warts, either on the hands or on the feet, accounted for the majority of skin conditions seen, and 144 cases were treated. Other conditions included 4 cases of impetigo.

Year	1973	1972	1971	1970
Cases	328	328	333	342

EYE DISEASES, DEFECTIVE VISION AND SQUINT

Mild degrees of conjunctivitis, blepharitis and other simple conditions were treated at the Minor Ailment Clinic and 11 cases attended during the year, more serious cases being referred to hospital.

Ophthalmic clinics for testing vision were held every Tuesday, and if the numbers justified it, extra clinics were held on Fridays.

The numbers of children attending the clinic for all purposes under this paragraph heading remained much as in previous years and the total of all cases dealt with was 580.

The following table summarises the work done :—

	Number of cases known to have been dealt with
Diseases or other defects of the eye, excluding errors of refraction and squint	76
Errors of refraction including squint	504
Total	580
Number of pupils for whom spectacles were prescribed	228

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 2. The number who received operative treatment at the hospital for tonsils and adenoids was 312 compared with 263 last year.

	Number of cases known to have been dealt with
Received operative treatment :—	
for diseases of the ear	200
for adenoids and chronic tonsilitis	312
for other nose and throat conditions	—
Received other forms of treatment	57
Total	569

ORTHOPAEDIC AND POSTURAL DEFECTS

There are no arrangements for specialist orthopaedic treatment made by the Authority. Any child found to require treatment is referred to the out-patient clinic at the local hospital.

The number of children known to have been treated at the out-patient department was 292 compared with 67 last year.

CHILD GUIDANCE

The Child Guidance Clinic is provided by the hospital authorities and is held on Wednesday morning each week at the Northgate Hospital.

There were 29 clinic sessions held during the course of the year. Of the 83 patients attending, 25 were patients who had not previously attended the clinic, and 58 were cases being followed up. The sessions were held by Dr. I. N. S. Heald, Consultant Psychiatrist, Little Plum-

stead Hospital. Dr. Heald is pleased to report the establishment of a good working relationship between the Child Psychiatry Clinic team and Dr. Vasishta's Child Study Centre.

SPEECH THERAPY

There was no change in the arrangements for speech therapy. The therapist held two sessions per week at the clinics and also visited schools as required to discuss cases with the teachers. The number of cases dealt with remained much the same as in previous years.

The following is a statistical summary of the work at the speech clinics :—

	Yarmouth	Gorleston	Total
Cases treated	21	27	48
Attendances	344	609	953
New Cases	8	6	14
Discharged	4	5	9
Left area	1	—	1
Left school	—	1	1
Defects treated :			
Stammering	2	3	5
Cleft Palate	1	5	6
Dyslalia	12	12	24
Language Disorders	4	3	7
Retarded Speech	2	—	2
Cerebral Palsy	—	2	2

ENURESIS

Enuresis or Bedwetting is a distressing complaint for which children are sometimes brought to the clinics. Treatment by simple advice to the parents is often successful but in resistant cases the clinics have brought into use the Enuresis alarm, an apparatus which awakens the child by means of a buzzer as soon as he or she starts wetting the bed.

During 1973 alarms were issued to 11 boys and 9 girls. Cures were reported in two boys and two girls; improvement was reported in two boys and one girl; no improvement in two girls and one boy. Eight are still undergoing trial with the alarm and the results are not yet known.

HANDICAPPED PUPILS

Sections 33 and 34 of the Education Act 1944, require local education authorities to provide special facilities for the education of certain pupils who have physical or mental disability. Ten separate categories of handicapped pupils are defined in the regulations.

ASCERTAINMENT.

During the year the following handicapped pupils were newly ascertained as requiring special educational treatment :—

Educationally subnormal	13
Maladjusted	7

DISPOSAL.

Of these and others previously ascertained the disposal was as follows :—

Admitted to special schools :

Physically handicapped	1
Maladjusted	2
Educationally subnormal	1
Partially hearing	1
Deaf	1

Awaiting places in special schools :

Educationally subnormal	1
Maladjusted	10

After taking into account school leavers and pupils transferred in and out of the area, there were at the end of the year 162 pupils on the Handicapped Pupils Register. This includes local pupils attending the John Grant School.

The position may be summarised as follows —

Blind	Nil
Partially sighted	3 (3 at special school)
Deaf	12 (11 at special school)
Partially hearing	10 (2 at special school)
Physically handicapped	17 (2 at special school)
Delicate	Nil
Maladjusted	23 (9 at special school)
Educ. subnormal	86 (13 at special school)
Epileptic	2 (2 at special school)
Speech defect	Nil
Mentally handicapped	20 (20 at special school)

VACCINATION AND IMMUNISATION

RUBELLA

In 1970 a Circular was received from the Department of Health and Social Security recommending that vaccination against Rubella (German Measles) be offered to all girls between their 11th and 14th

birthdays, but that, initially, priority should be given to older girls, i.e. those in their 14th year. The purpose of this recommendation is to ensure that as many girls as possible are offered protection against German Measles before reaching child-bearing age, because it is known that if a woman is infected with the disease during the early weeks of pregnancy, there is a serious risk of damage to the developing baby. Immunisation is effected by one injection of the vaccine and was offered to schools in the autumn term. Initially the vaccine was supplied free of charge, but had to be purchased by authorities after the 31st March 1971. Family doctors can also undertake the vaccinations and receive their supplies of vaccine from the Health Department.

By the end of the year 310 girls had been vaccinated compared with 360 last year.

DIPHTHERIA

The following table shows the number of children of school age who were immunised in this year and the previous three years, with either diphtheria/tetanus or diphtheria/tetanus/pertussis antigen.

	1973	1972	1971	1970
First immunisation	16	53	22	14
"Booster" doses	695	493	543	563

TUBERCULOSIS

B.C.G. vaccination is offered to all schoolchildren of thirteen years of age and upwards who are still at school, and to all students attending establishments of further education.

At the end of the year 734 children had had preliminary skin tests and 662 had been vaccinated. All the pupils who were found to have positive skin reactions were referred to the chest clinic, but none was found to have active tuberculosis.

Freeze dried vaccine has been used by this authority for several years, and is now the only form of vaccine available for use in the school health service.

I would like to record my appreciation of the assistance given by Heads of Schools in providing facilities for the B.C.G. teams who visit the schools.

POLIOMYELITIS

The report on poliomyelitis vaccination in the town is contained in the report of the Medical Officer of Health. In relation to schools it is to be recorded that every child entering a primary school is offered a fourth dose of polio vaccine, or a complete course if he or she has not been previously vaccinated. In all 490 children received their fourth dose of vaccine.

TETANUS

Tetanus immunisation is available for schoolchildren and a combined diphtheria-tetanus antigen is used as a “booster” dose for children who had previously been immunised against both diseases. A small but significant number of parents are now requesting immunisation against tetanus for those children who, by virtue of age, did not receive this immunisation in the form of “Triple Antigen”.

One hundred and sixty-nine children received either primary or booster doses during the year for tetanus only.

MEASLES.

Vaccination against Measles is now included in the list of measures to protect the school child. Thirty-six children between four and seven years of age were immunised and 367 pre-school children were also vaccinated, an increase of 31 over the figure for last year.

INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in children of school age during 1973 and also in the four previous years.

	1969	1970	1971	1972	1973
Scarlet fever	7	4	4	4	8
Measles	111	159	206	53	91
Whooping cough	—	—	3	—	—
Jaundice	5	3	66	8	1

The general incidence of infectious disease as indicated by cases notified, was again satisfactorily low. There were no cases of diphtheria, poliomyelitis or whooping cough.

DEATHS OF SCHOOLCHILDREN

There was one death of a boy of thirteen years. The cause of death was given as cancer.

INFESTATION WITH VERMIN

The arrangements for conducting the periodic surveys for infestation were continued as in previous years. Where infestation was detected the children were excluded from school and suitable medicaments

were supplied by the Minor Ailments Clinics. Since many cases of infestation and re-infestation are produced by home contact with an infested older person, the close co-operation between school nurse and parents remains essential. To this end the issuing of the notices was discontinued, the nurses finding that the informal friendly approach to the parents proved to be more effective.

The following is a statistical survey of the work :—

Total number of examinations in the school by school nurses or other authorised persons	9691
Total number of individual pupils found to be infested	53

The following table shows, over the past 5 years, the number of children and percentage of the school population found to be infested

1969	94	1.8%
1970	65	0.7%
1971	82	0.9%
1972	46	0.5%
1973	53	0.6%

SCHOOL DENTAL SERVICE

B. C. CLAY, L.D.S., R.C.S., *Principal School Dental Officer*

The Principal School Dental Officer reports as follows :—

As in previous years it has again been possible to inspect all schools in the Borough at least once in the year. Special schools such as those for partially sighted, deaf and handicapped pupils, have been visited twice in the year and a good standard of dental fitness has been maintained for these pupils.

Many children in junior and senior schools have themselves sought an extra check up at the clinics on their own initiative and in consequence conservative work was found to be much simpler. The ratio of teeth extracted to teeth filled shows a further improvement and with the advent of many modern techniques it is now possible to save many teeth which would a few years ago have been removed. Very few pupils now have to be provided with dentures, these usually being needed due to loss of teeth in accidents.

The Dental Officer of Yarmouth Clinic, Mrs Blake, resigned her appointment at the end of 1973 in order to take up similar work at the Norwich Clinic. It is hoped that a replacement may soon be found in order that continuity of treatment may be maintained.

This is the last full year that the Dental Service will enjoy under the control of the Borough. Next year, on the 1st April, it will be

integrated with the Health Service under the Area Health Authority and will have to serve a much larger population area. Department of Education tables quoted below show the work done :—

Attendances and Treatment.

First visits	...	...	...	2001
Subsequent visits	...	...	...	2183
Total visits	...	...	...	4184
Additional courses of treatment commenced	...			636
Fillings in permanent teeth	...			2244
Fillings in deciduous teeth	...			980
Permanent teeth filled	...	...	...	2071
Deciduous teeth filled	...	...	...	938
Permanent teeth extracted	...	...	...	361
Deciduous teeth extracted	...			1112
General anaesthetics	...	...	...	570
Emergencies	...	...	...	70
Number of pupils X-rayed	...			180
Prophylaxis	...	...	...	246
Teeth otherwise conserved	...			888
Teeth root filled	...	...	...	12
Inlays	...	...	...	0
Crowns	...	...	...	3
Courses of treatment completed	...			2009

Orthodontics.

New cases commenced during the year	...	42
Cases completed during the year	...	32
Number of removable appliances fitted	...	63
Number of fixed appliances fitted	...	11
Pupils referred to Hospital Consultant	...	4
Cases discontinued during the year	...	13

Prosthetics.

Pupils supplied with full upper or full lower dentures	...	0
Pupils supplied with other dentures	...	13
Number of dentures supplied	...	14

Inspections.

First inspection at school	...	8393
First inspection at Clinic	...	1001
Number found to require treatment	...	3383
Number offered treatment	...	2773
Number re-inspected at school clinic	...	1849
Number found to require treatment	...	776

NATIONAL CHILD DEVELOPMENT STUDY

In 1958 the National Birthday Trust Fund sponsored a survey, known as the Perinatal Mortality Survey, of all the children, approximately 17,000 in all, born in England, Scotland and Wales in the week 3rd-9th March of that year. In 1965, when the children were aged seven, the first follow-up was carried out by the Bureau and co-sponsored by the National Birthday Trust Fund, The University of London Institute of Child Health and the National Foundation for Educational Research. In 1969, when the children were aged eleven, the second follow-up was mounted and a follow-up is at present being carried out in the present school year during which the study children reached their sixteenth birthday and are in their last year of compulsory schooling.

There were fourteen children in Great Yarmouth in the original survey and there are twelve still included in the list. The survey takes the form of a very comprehensive medical examination and social questionnaire, and this together with the necessary tracing of pupils has involved the department in a lot of work over the years. Parents and children have been co-operative and have thus made their personal contributions to a fundamental research exercise.

Nationally there are some 15,000 children still being followed up. A wealth of information has been published by the National Children's Bureau covering many aspects of child health and development which should be of considerable value in planning provision for health care and the education of children in the future.

PROVISION OF MILK AND MEALS

MILK

The Education (Milk) Act and the Provision of Milk and Meals (Amendment No. 2) Regulations 1971 came into force last year. Under the Regulations authorities were, as from the 1st September 1971, under a duty to provide free school milk only to the following classes of pupils in maintained schools :

- (a) pupils in special schools;
- (b) pupils in other maintained schools up to the end of the summer term next after they attain the age of seven;
- (c) other pupils in primary schools and junior schools in all-age and middle schools where a school medical officer certifies that the pupil's health requires that he should be provided with milk at school.

One pupil was recommended to receive free milk under the terms of this last paragraph.

The overall percentage of pupils attending schools who accepted milk was 90. This figure varied between the lowest at 83% to 98% at the highest.

MEALS

Mid-day meals were available for all pupils in maintained schools. The 20 dining centres were supplied from fourteen kitchens.

The following table summarises the position for the financial year 1972-73 with figures for comparison with the two previous years.

	1970-71	1971-72	1972-73
Total number of meals provided	939,040	775,185	879,633
Percentage of children having meals	51.0%	45.0%	50.0%
Daily average number of free meals	1,034	1,201	1,122
Daily average number of meals on payment	3,649	3,081	3,482
Total daily averages	4,683	4,282	4,604

EMPLOYMENT OF SCHOOLCHILDREN

As a requirement of the Byelaws of the Borough and of the Children and Young Persons Act 1933, children who are of school age and who undertake part-time work must obtain a permit from the Local Education Authority. This permit is dependent upon the granting of a certificate which states whether or not, in the opinion of the school medical officer, the particular form of employment will be detrimental to the child's health and his or her capacity for receiving education. Where considered necessary a medical examination is carried out.

The amount of work done by the department in this respect varies with the time of the year. The number of children making applications for a permit rises rapidly with the advent of the summer season, both for children taking part-time employment in shops and for those engaged in certain public entertainments. All pupils appearing in public entertainments are medically examined. 218 were issued with certificates by the School medical officers during 1973.

EMPLOYMENT MEDICAL ADVISORY SERVICE

In the past, under the general heading of Youth Employment, I have reported in the following terms :

"Confidential medical reports on both boys and girls when they leave school provide the Youth Employment Officer with information intended to help him to avoid placing children in employment for which they may be unsuitable. In addition to this function every local education authority must supply particulars of the school medical records and

any other information which may be required by appointed factory doctors for their confidential use, but in practice little use is made of this provision”.

This procedure has now been replaced by the Employment Advisory Service which was established by the Department of Employment on 1st February 1973, under the provisions of the Employment Medical Advisory Services Act, 1972. This new service advises on the effect of a particular job on health; undertakes medical examinations to protect employees against hazardous substances and studies the medical requirements for different kinds of work, especially in relation to disabled persons.

It has a special responsibility for the health of young people at work.

The new service will give medical advice and attention to those young people who need it in relation to their employment. It will rely on close co-operation between the School Health Service, the Youth Employment Service, general practitioners and the Employment Medical Adviser. If a young person about to leave school has a health defect which might make certain types of work unsuitable, the School Health Service is required to inform the other parties mentioned above, so that they may co-operate and give suitable advice about choice of employment.

MEDICAL EXAMINATION OF TEACHERS

Medical examination of persons entering training colleges or the teaching profession were made in accordance with Ministry of Education circular 249 of 1952.

Forty-seven candidates for training colleges were examined during the year and 28 practising teachers were examined as to their fitness for employment by this authority.

SCHOOL HYGIENE

SCHOOL MILK.

The two local dairies again supplied pasteurised milk to the schools of the Borough. Both treated the milk in their own local plants which were the subject of routine visits and sampling carried out by this department. School milk came from the same bulk supply of milk used for the domestic retail service but a special “run” is operated for the third pint bottles used in the schools.

Ten samples of school milk were taken and were submitted to the Public Health Laboratory for bacteriological examination. All the samples passed the phosphatase test but two samples failed the methylene blue test, indicating poor keeping quality. This matter was investigated at the dairy concerned but a predisposing factor was the high summer temperatures at the time.

Ten samples of the milk were also taken for chemical analysis and no evidence of antibiotics was detected in this milk.

The fat content of the milk was shown to vary from 3.25% to 3.80% and the solids not fat content varied from 8.75% to 8.47%. This lowest figure, together with the solids not fat from one other sample, were below the legal minimum of 8.50% but the Hortvet test showed no added water and the samples were declared genuine.

SCHOOL FOODS.

Firms tendering supplies of food to the School Meals Service were considered by this department in respect of the Food Hygiene Regulations and observations were made to the Education Department when necessary. The contractor for the removal of kitchen waste from the school kitchens was informed of the hygiene requirements in respect of this activity. Complaints from school kitchens with regard to questionable food were investigated. Investigation showed on one occasion that some frozen fish fingers were affected by a putrefactive smell, and on another occasion meat supplied to a school kitchen was found to be affected with muscular fibrosis. These foods were destroyed as unfit and the matter was taken up with the suppliers concerned. One other case involved lard stored in a refrigerator taking up a smell from a chemical used as a refrigerant and this resulted in repairs being carried out to the refrigerator in question.

SCHOOL SANITATION AND KITCHEN HYGIENE.

Not all the schools and kitchens received a full inspection owing to staff limitations but complaints were investigated. In one kitchen involving extensive catering an infestation of mice created a problem. The premises were treated by this department together with a recommendation that certain structural alterations should be carried out to prevent harbourage of these rodents.

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